2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State
02-17-2006 90020 026 ****50.00

DOCUMENT # L05000069666

1. Entity Name
11TH & 5TH, LLC

Principal Place of Business	Mailing Address
~~2038 BEACH AVE.~~	~~2038 BEACH AVE.~~
~~ATLANTIC BEACH FL 32233~~	~~ATLANTIC BEACH FL 32233~~

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
910 11th Avenue S.		910 11th Avenue S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ~~Jacksonville~~	
City & State: Jacksonville Beach, FL		City & State: Jacksonville Beach, FL	
Zip: 32250	Country: USA	Zip: 32250	Country: USA

4. FEI Number 59-3602400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERTSON, CHRISTOPHER	Name
~~2038 BEACH AVE.~~ 910 11th Avenue S.	Street Address (P.O. Box Number is Not Acceptable)
~~ATLANTIC BEACH FL 32233~~ Jacksonville Beach, FL 32250	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	Mgr. ☒ Change ☐ Addition
NAME	ELITE HOMES, INC.	NAME	Elite Homes, Inc.
STREET ADDRESS	~~2038 BEACH AVE.~~ 910 11th Avenue S.	STREET ADDRESS	910 11th Ave S.
CITY-ST-ZIP	~~ATLANTIC BEACH FL 32233~~ Jacksonville Beach, FL 32250	CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #