


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000077255

1. Entity Name
H-5, LLC



Principal Place of Business 12773 W FOREST HILL BLVD. #1211 WELLINGTON, FL 33414 US	Mailing Address 12773 W FOREST HILL BLVD. #1211 WELLINGTON, FL 33414 US
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01142007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3265259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, WARREN L
51 RIVER DRIVE
TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP PRESCOTT, WARREN L 51 RIVER DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPG PRESCOTT, LOURDES M 51 RIVER DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMEU, ADELA M 115 ALPINE RD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, FRANCISCO P.O. BOX 454 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ROBERTO P.O. BOX 454 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, JEFFREY 3 DEER CT PALM BAY, FL 32909

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U00000614389
02/06/07-80053-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Warren L. Prescott* *Warren L. Prescott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #