

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-29-2006 90019 024 ****50.00

DOCUMENT # L05000081603 1. Entity Name P8P BUILDING #5 LLC			
Principal Place of Business 780 FISHERMAN STREET OPA-LOCKA, FL 33054		Mailing Address 780 FISHERMAN STREET OPA-LOCKA, FL 33054	
2. Principal Place of Business Suite, Apt. #, etc. 3rd Floor, Ste 334		3. Mailing Address Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country
4. FEI Number 03202008		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 re-electing)			
Filing Fee to \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Dennis Stackhouse 780 Fisherman Street Opal-Locka, FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied on 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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			