

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90014 003 ***138.75

DOCUMENT # L05000103803	
1. Entity Name ASAP CAPITAL MEZ FUND V, LLC	
Principal Place of Business 1700 SOUTH MACDILL AVE. STE 340 TAMPA, FL 33629	Mailing Address 1700 SOUTH MACDILL AVE. STE 340 TAMPA, FL 33629



00000140



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3655873	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 HENDEE, BRETT ESQ. 1700 SOUTH MACDILL AVE. STE 340 TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASAP CAPITAL PARTNERS, LLC 1700 S MACDILL AVE #340 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARTHUR, THOMAS D 1700 S MACDILL AVE #310 TAMPA, FL 33629
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**DO NOT WRITE
IN THIS SPACE**

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: *Trudy A Smith* *Trudy A Smith* *4/18/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #