

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90009 043 ****55.00

DOCUMENT # L05000112226

1. Entity Name

TELANTIS VENTURE PARTNERS V MANAGEMENT, LLC



Principal Place of Business

2180 IMMOKALEE ROAD STE 311
NAPLES FL 34110

Mailing Address

2180 IMMOKALEE ROAD STE 311
NAPLES FL 34110



2. Principal Place of Business

345 CHANCERY CIR

3. Mailing Address

791 WYE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AKRON

City & State

NAPLES, FL

City & State

OHIO

Zip

34110

Country

USA

Zip

44333

Country

USA

4. FEL Number

20-4062917

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 E KENNEDY BLVD STE 1700
TAMPA FL 33602

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 date 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
MEYERSON, ROBERT
791 WYE RD
AKRON, OH 44333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
MEYERSON, ADAM H.
791 WYE RD
AKRON, OH 44333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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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]

ADAM H. MEYERSON

4/25/06

330-666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #