

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112376

Entity Name: FIVE IN ONE, LLC

FILED  
Jun 22, 2006  
Secretary of State

## Current Principal Place of Business:

5597 HAMMOCK ISLES DR  
NAPLES, FL 34119 US

## New Principal Place of Business:

3723 RECREATION LANE  
NAPLES, FL 34116 US

## Current Mailing Address:

5597 HAMMOCK ISLES DR  
NAPLES, FL 34119 US

## New Mailing Address:

3723 RECREATION LANE  
NAPLES, FL 34116 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GERARDO A LOPEZ PA  
5597 HAMMOCK ISLES DR  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

GERARDO A LOPEZ PA  
3723 RECREATION LANE  
NAPLES, FL 34116 US

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.

SIGNATURE: GERARDO A LOPEZ

06/22/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LOPEZ, GERARDO A  
Address: 5597 HAMMOCK ISLES DR  
City-St-Zip: NAPLES, FL 34119 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LOPEZ, GERARDO A  
Address: 3723 RECREATION LANE  
City-St-Zip: NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERARDO A LOPEZ

MGRM

06/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date