


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000114459 1. Entity Name 5 PARTNERS, L.L.C.	
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Principal Place of Business 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711	Mailing Address 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3870859	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGLEY, RYAN 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U00000761164
05/25/07-80042-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGLEY, RYAN 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____