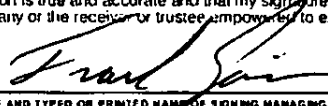


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Mar 23, 2006 8:00 am
Secretary of State

03-03-2006 90004 003 ****50.00

30003088

DOCUMENT # L05000119608					
1. Entity Name AMG 5 INVESTMENT PROPERTIES, LLC					
Principal Place of Business 18809 S.E. WINDWARD ISLAND WAY JUPITER, FL 33458			Mailing Address 18809 S.E. WINDWARD ISLAND WAY JUPITER, FL 33458		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 204026573				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODES, SCOTT E ESQ. C/O SETH E. ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431			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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, FRANCISCO TRUSTEE		NAME		
STREET ADDRESS	18809 S.E. WINDWARD ISLAND WAY		STREET ADDRESS		
CITY, ST, ZIP	JUPITER, FL 33458		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					