

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017863

Entity Name: LOPEZ5 MANAGEMENT, LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

1280 MAYVIEW WAY
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

1442 CLYDESDALE AVE
WEST PALM BEACH, FL 33414 US

Current Mailing Address:

1280 MAYVIEW WAY
WEST PALM BEACH, FL 33414 US

New Mailing Address:

1442 CLYDESDALE AVE
WEST PALM BEACH, FL 33414 US

FEI Number: 20-5490242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, RAFAEL R MD
Address: 1280 MAYVIEW WAY
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MGR () Delete
Name: LOPEZ, WANDA T
Address: 1280 MAYVIEW WAY
City-St-Zip: WEST PALM BEACH, FL 33414 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOPEZ, RAFAEL R MD
Address: 1442 CLYDESDALE AVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MGR (X) Change () Addition
Name: LOPEZ, WANDA T
Address: 1442 CLYDESDALE AVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify 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: RAFAEL R LOPEZ M.D.

MGR

01/17/2009

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