2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2.

FILED
Mar 13, 2007 8:00 am
Secretary of State
02-21-2007 90103 017 ****50.00

DOCUMENT # L06000018727

1. Entity Name
P5401, LLC

Principal Place of Business	Mailing Address
707 SE THIRD AVENUE SUITE 400 FT LAUDERDALE FL 33316-1155 US	707 SE THIRD AVENUE SUITE 400 FT LAUDERDALE FL 33316-1155 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2030 S. 3RD STREET	2030 S. 3RD STREET
Suite, Apt. #, etc.: #306	Suite, Apt. #, etc.: #306
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. FEI Number: 20-4421033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DISQUE, PHILIP A
707 SE THIRD AVENUE
SUITE 400
FT LAUDERDALE FL 33316-1155

7. Name and Address of New Registered Agent

Name: JAMES E. YONGE
Street Address (P.O. Box Number is Not Acceptable): 2305 COSTA VERDE BLVD #101
City: JACKSONVILLE BEACH FL Zip Code: 32250

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]
Signature, typed or printed name of registered agent and title 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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: YONGE, JAMES E STREET ADDRESS: 707 SE THIRD AVENUE CITY ST ZIP: FT LAUDERDALE FL 33316-1155	☐ Delete	TITLE: NAME: STREET ADDRESS: 2030 S. 3RD STREET #306 CITY ST ZIP: JACKSONVILLE BEACH, FL 32250	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Delete	TITLE: MGRM NAME: VANDA YONGE STREET ADDRESS: 2030 S. 3RD STREET #306 CITY ST ZIP: JACKSONVILLE BEACH, FL 32250	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #