

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020360

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: IMAGING REAL ESTATE FIVE, LLC

**Current Principal Place of Business:**

801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 20-4371876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHICK, DAVID L ESQ  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ROSENDO, DIAZ D MD  
Address: 801 E DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: MGR ( ) Change (X) Addition  
Name: MICHAEL, LEVINE S MD  
Address: 801 E DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: MGR ( ) Change (X) Addition  
Name: MANOJ, BHATIA MD  
Address: 801 E DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

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: DAVID L SCHICK

RA

04/30/2007

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