

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020360

FILED
Mar 20, 2009
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 (X)

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSENDO DIAZ MD

MGR

03/20/2009

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