



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 043 ****50.00

DOCUMENT # L06000031627 1. Entity Name FIVE R, LLC					
Principal Place of Business 10265 ULMERTON ROAD #195 LARGO, FL 33771			Mailing Address 10265 ULMERTON ROAD #195 LARGO, FL 33771		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4570264	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PIPPEN, JOSEPH F ESQ LAW OFFICES OF JOSEPH F. PIPPEN & ASSOCIAT 10225 ULMERTON ROAD, BUILDING 11 LARGO, FL 33771					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, RICHARD H 10265 ULMERTON ROAD #195 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, RICHARD H, JR 10265 ULMERTON ROAD, #195 LARGO, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, RANDALL W 10265 ULMERTON ROAD #195 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENSMINGER, ANGELA R 10265 ULMERTON ROAD #195 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, ROCKWELL 10265 ULMERTON ROAD #195 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, RONALD M 10265 ULMERTON ROAD #195 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/9/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		