


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2007 90039 005 \*\*\*\*50.00

<b>DOCUMENT # L06000042781</b>	
1. Entity Name <b>TOWNSEND FIVE, LLC</b>	

Principal Place of Business <b>12730 NEW BRITTANY BLVD., SUITE 407 NORTH FORT MYERS, FL 33907</b>	Mailing Address <b>12730 NEW BRITTANY BLVD., SUITE 407 NORTH FORT MYERS, FL 33907</b>
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2. Principal Place of Business - No P.O. Box # <b>6296 CORPORATE COURT</b>	3. Mailing Address <b>6296 CORPORATE COURT</b>
Suite, Apt. #, etc. <b>B-102</b>	Suite, Apt. #, etc. <b>B-102</b>
City & State <b>FT. MYERS FL</b>	City & State <b>FT. MYERS FL</b>
Zip <b>33919</b>	Country <b>USA</b>

40070546



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4780964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KYLE, KEVIN A 1380 ROYAL PALM SQUARE BLVD., SUITE 407 FORT MYERS, FL 33919</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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.

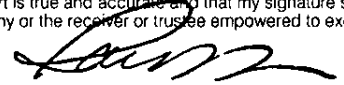
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGUE, PATRICK 12730 NEW BRITTANY BLVD., SUITE 407 NORTH FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGUE, PATRICK 6296 CORPORATE COURT B-102 FT. MYERS FL 33919 <input checked="" 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
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
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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:**  **4-15-07** **239-333-1137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #