FILED
Aug 27, 2007 8:00 am
Secretary of State
02-13-2007 90058 012 ****50.00

30012513

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/

DOCUMENT # L06000061362

1. Entity Name
TAKE 5, LLC

Principal Place of Business	Mailing Address
43 SOUTH POMPANO PARKWAY #252 POMPANO BEACH FL 33069	43 SOUTH POMPANO PARKWAY #252 POMPANO BEACH FL 33069

*NEW ADDRESS

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
43 S POMPANO PKWY Suite, Apt. #, etc. 252	~~PO BOX~~ POBOX 6668276 Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO, FL
Zip: 33069 Country: USA	Zip: 33066-6826 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-5264248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIGOLA, MICHELLE C ESQ MICHELLE C FRIGOLA PA 4701 NORTH FEDERAL HIGHWAY SUITE 480 LIGHTHOUSE POINT FL 33064	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: MICHELLE FRIGOLA 2/5/07
Signature, name of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated) Date

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

MGRM

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OMGR~~ MARY KEEFE (MS.) 2209 S CYPRESS BEND #501 POMPANO BCH. FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARY KEEFE 2209 S CYPRESS BEND #501 POMPANO BCH, FL 33069 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OMGR~~ JOY LOMAURO 322 BUCHANAN ST #512 HOLLYWOOD, FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOY LOMAURO 322 BUCHANAN ST HOLLYWOOD, FL 33019 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary Keefe 2/5/07 954 484-4709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #