

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072093

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FAMILY FIVE INVESTMENTS, LLC.

## Current Principal Place of Business:

221 N HOGAN ST #258  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

221 N HOGAN ST  
#258  
JACKSONVILLE, FL 32202

## Current Mailing Address:

221 N HOGAN ST #258  
JACKSONVILLE, FL 32202

## New Mailing Address:

221 N HOGAN ST  
#258  
JACKSONVILLE, FL 32202

FEI Number: 16-1766628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, LABARRON D  
221 N HOGAN ST #258  
JACKSONVILLE, FL 32202 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:

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

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: THOMAS, LABARRON D MEMBER  
Address: P.O. BOX 8131  
City-St-Zip: JACKSONVILLE, FL 32239 US

Title: MS. ( ) Change (X) Addition  
Name: WOODS, DELISA L MEMBER  
Address: 2552 BROOKGATE CROSSING  
City-St-Zip: ELLENWOOD, GA 30294 US

Title: MS. ( ) Change (X) Addition  
Name: THOMAS, LETRICIA A MEMBER  
Address: 2552 BROOKGATE CROSSING  
City-St-Zip: ELLENWOOD, GA 30294 US

Title: MS. ( ) Change (X) Addition  
Name: THOMAS, ROCHELLE N MEMBER  
Address: 2952 BROOKGATE CROSSING  
City-St-Zip: ELLENWOOD, GA 30294 US

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: LABARRON THOMAS

MR.

04/30/2007

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