

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 045 ***138.75

DOCUMENT # L06000076685

1. Entity Name
SLIP 5, LLC



Principal Place of Business

6300 NE 1ST AVENUE, SUITE 300
FORT LAUDERDALE, FL 33334

Mailing Address

6300 NE 1ST AVENUE, SUITE 300
FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5242562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L
1901 W. CYPRESS ROAD
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE ROBERT JOSEPH REVOCABLE TRUST
STREET ADDRESS	6300 NE 1ST AVENUE, SUITE 300
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #