

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097511						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2007 MAY 18 P 2:15</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 			
1. Entity Name 5890, LLC				Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712				Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
4. FEI Number 20-3609378				Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required					
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 <i>MANAGING MEMBER AYERS LIMITED PARTNERSHIP 1900 SERPENTINE DR. SO. ST. PETERSBURG, FL 33712</i>				TITLE NAME STREET ADDRESS CITY - ST - ZIP 000103591430 05/31/07--01007--012 **1100.00					
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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: <i>Valerie L. Ayers</i> <i>Valerie L. Ayers</i> <i>4/28/07</i> <i>727-215-4205</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #									