

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000121177</b> 1. Entity Name <b>FIFTH STREET COMMERCE CENTER, L.L.C.</b>	
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Principal Place of Business <b>131-B BUSINESS CENTER DRIVE SUITE 11 ORMOND BEACH, FL 32174</b>	Mailing Address <b>131-B BUSINESS CENTER DRIVE SUITE 11 ORMOND BEACH, FL 32174</b>
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03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-8304933</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TUMBLESON, J. DOYLE ESQ 150 S. PALMETTO AVENUE, SUITE A DAYTONA BEACH, FL 32114</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

000000879265  
04/15/08-80014-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLEDSON, JAMES R 131-B BUSINESS CENTER DRIVE SUITE 11 ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MYNCHENBERG, PARKER K 1729 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b>
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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:**

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

**JAMES R. BLEDSOE**

**03/31/08**  
Date

**386-676-1501**  
Daytime Phone #