

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121177

FILED
Apr 17, 2009
Secretary of State

Entity Name: FIFTH STREET COMMERCE CENTER, L.L.C.

Current Principal Place of Business:

131-B BUSINESS CENTER DRIVE SUITE 11
ORMOND BEACH, FL 32174

New Principal Place of Business:

131 BUSINESS CENTER DRIVE SUITE B11
ORMOND BEACH, FL 32174

Current Mailing Address:

131-B BUSINESS CENTER DRIVE SUITE 11
ORMOND BEACH, FL 32174

New Mailing Address:

PO BOX 1626
ORMOND BEACH, FL 32175

FEI Number: 20-8304933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUMBLESON, J. DOYLE ESQ
150 S. PALMETTO AVENUE, SUITE A
DAYTONA BEACH, FL 32114 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: MGRM () Delete
Name: BLEDSOE, JAMES R
Address: 131-B BUSINESS CENTER DRIVE SUITE 11
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: MYNCHENBERG, PARKER K
Address: 1729 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLEDSOE, JAMES R
Address: 131 BUSINESS CENTER DRIVE SUITE B11
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES RONNIE BLEDSOE

MGRM

04/17/2009

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