2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030076

262 LITTLE BEAR DRIVE

CATAULA, GA 31804 US

Address: City-St-Zip:

Entity Name: 5 OF US, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	E BEAR DRIVE ., GA 31804	: US				
Current Mailing Address:			New Mailing Address:			
	E BEAR DRIVE , GA 31804	: US				
FEI Number	: 20-8684029	FEI Number Applied For()	FEI Number Not App	licable () Certifi	icate of Status Desired()	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
17888 67T LOXAHAT	SERVICES INC TH COURT NO CHEE, FL 334		ourpose of changing	its registered office o	r registered agent, or both,	
	e of Florida.	·	, , ,	J		
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () TOUZE, SHERL 262 LITTLE BE CATAULA, GA	AR DRIVE	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	MGRM () LOUIS, PEPPIN 262 LITTLE BE, CATAULA, GA	AR DRIVE	Title: Name: Address: City-St-Zip:	MGRM (X) Chang LOUIS, PEPINE 262 LITTLE BEAR DRI' CATAULA, GA 31804 U		
Title: Name: Address: City-St-Zip:	MGRM () PIERRE, RAYM 262 LITTLE BE, CATAULA, GA	AR DRIVE	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	MGRM () VICTOR, LYND, 262 LITTLE BE, CATAULA, GA	AR DRIVE	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name:	MGRM () OLADEJI, EVIT	Delete	Title: Name:	() Change	e () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHERLY TOUZE MGRM 04/15/2009