


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/30/08

FILED
Aug 08, 2008 8:00 am
Secretary of State
 04-30-2008 90021 044 ***138.75

DOCUMENT # L07000048782			
1. Entity Name RE GROUP V, LLC			
Principal Place of Business 180 McMullen Booth Rd S Clearwater FL 33759		Mailing Address 180 McMullen Booth Rd S Clearwater FL 33759	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, MICHAEL G 811 CHESTNUT STREET CLEARWATER FL 33758		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Accepted)		Street Address (P.O. Box Number is Not Accepted)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. This 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 _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$238.75 Make Check Payable to Florida Department of State			
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Paul Haagsma <input type="checkbox"/> Date 150 S. McMillen Booth Rd Clearwater, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Haagsma <input type="checkbox"/> Date 150 S. McMillen Booth Rd Clearwater, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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. 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: Barbara Haagsma		Op 15 '08 (127) 596-1109	