2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90318 027 ***138.75

DOCUMENT # L07000082759

1. Entity Name
FIVE PARCELS-60, LLC

Principal Place of Business	Mailing Address
1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401

02282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4650 Donald Ross Rd	4650 Donald Ross Rd
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418 Country	Zip 33418 Country

4. FEI Number 26-0717670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	Name Brock, Peter Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd, Suite 200 City Palm Beach Gardens FL Zip Code 33418

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: ______ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	BROCK, PETER		NAME	Brock, Peter	
STREET ADDRESS	~~1551 FORUM PLACE, SUITE 100~~		STREET ADDRESS	4650 Donald Ross Rd, Suite 200	
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33401~~		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	BROCK, ANDREW		NAME	Brock, Andrew	
STREET ADDRESS	~~1551 FORUM PLACE, SUITE 100~~		STREET ADDRESS	4650 Donald Ross Rd., Suite 200	
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33401~~		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #