

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127546

Entity Name: 5PLUS1 PARTNERS, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

2215 CLUSTER OAK DRIVE
SUITE 2
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

2606 NORTHGATE ROAD
ALBANY, GA 31721

New Mailing Address:

POST OFFICE BOX 72286
ALBANY, GA 31708

FEI Number: 26-1645948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAILOS, KRISTIN C
2215 CLUSTER OAK DRIVE
SUITE 2
CLERMONT, FL 34711 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: JOHNNY, THARPE M JR.
Address: 2606 NORTHGATE ROAD
City-St-Zip: ALBANY, GA 31721

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNNY, THARPE M JR.
Address: POST OFFICE BOX 3970
City-St-Zip: ALBANY, GA 31708

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: JOHNNY MARION THARPE, JR.

MR.

07/09/2008

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