

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006527

FILED
Apr 08, 2009
Secretary of State

Entity Name: FIVESIBS LAKE, LLC

Current Principal Place of Business:

% LISA WILLIAMS
1230 PLOVER AVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

% LISA WILLIAMS
1230 PLOVER AVE
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 26-1775672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASTY, MARIAN L ESQ.
GAUTIER & HASTY, P.L.
370 MINORCA AVENUE #21
CORAL GABLES, FL 33134 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: WILLIAMS, LISA
Address: 1230 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33136

Title: MGRM () Delete
Name: WILLIAMS, MARK
Address: 1230 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33136

Title: MGRM () Delete
Name: WILLIAMS, MATTHEW R
Address: 1230 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33136

Title: MGRM () Delete
Name: GAUTIER, SUNNIE S
Address: 1230 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33136

Title: MGRM () Delete
Name: GARLAND, KELLY K
Address: 1230 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33136

ADDITIONS/CHANGES:

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

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

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

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

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: LISA M. WILLIAMS

MGRM

04/08/2009

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