

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006527

Entity Name: FIVESIBS LAKE, LLC

FILED
May 14, 2012
Secretary of State

Current Principal Place of Business:

% LISA WILLIAMS
1230 PLOVER AVE
MIAMI SPRINGS, FL 33166

Current Mailing Address:

% LISA WILLIAMS
1230 PLOVER AVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

% LISA WILLIAMS
721 WAKEMONT DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

% LISA WILLIAMS
1599 CHARLIE LEWIS ROAD
MORRISON, TN 37357

FEI Number: 26-1775672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: WILLIAMS, LISA M
Address: 1599 CHARLIE LEWIS ROAD
City-St-Zip: MORRISON, TN 37357

Title: MGRM
Name: WILLIAMS, MARK L
Address: 1599 CHARLIE LEWIS ROAD
City-St-Zip: MORRISON, TN 37357

Title: MGRM
Name: WILLIAMS, MATTHEW R
Address: 1599 CHARLIE LEWIS ROAD
City-St-Zip: MORRISON, TN 37357

Title: MGRM
Name: GAUTIER, SUNNIE S
Address: 1599 CHARLIE LEWIS ROAD
City-St-Zip: MORRISON, TN 37357

Title: MGRM
Name: GARLAND, KELLY K
Address: 1599 CHARLIE LEWIS ROAD
City-St-Zip: MORRISON, TN 37357

I hereby 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

MGR

05/14/2012

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