2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000006569

Entity Name: FIVESIBS 4805, LLC

Current Principal Place of Business:

1230 PLOVER AVE.
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

1230 PLOVER AVE.
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 26-1785653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HASTY, MARIAN L ESQ
370 MINORCA AVE. #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, MARK L	
Address:	1230 PLOVER AVE.	
City-St-Zip:	MIAMI SPRINGS, FL 33136	
Title:	MGRM	( ) Delete
Name:	WILLIAMS, LISA	
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:	GAUTIERS, 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