

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000006950

FILED
Dec 04, 2009
Secretary of State**Entity Name:** FIVE FIFTHS LLC**Current Principal Place of Business:**110 WOODKNOLL PL.
VALRICO, FL 33594 US**New Principal Place of Business:**110 WOODKNOLL PL
VALRICO, FL 33594 US**Current Mailing Address:**110 WOODKNOLL PL.
VALRICO, FL 33594 US**New Mailing Address:**PO BOX 1494
ORLANDO, FL 32802 US**FEI Number:** 26-2001297**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ABU, AZIMEYE O
110 WOODKNOLL PL.
VALRICO, FL 33594 US**Name and Address of New Registered Agent:**ABU, IGBETSAPE A
5217 WELLINGTON PARK CIRCLE
C26
ORLANDO, FL 32839 US

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: IGBETSAPE ALOIYE ABU

12/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: ABU, AZIMEYE O
Address: 110 WOODKNOLL PL.
City-St-Zip: VALRICO, FL 33594 USTitle: MGR () Delete
Name: METZGER, WALWIN
Address: 3030 NW 68TH STREET #206
City-St-Zip: FORT LAUDERDALE, FL 33309 USTitle: MGR () Delete
Name: HILL, WILLIE M JR.
Address: 5748 REMINGTON CIRCLE #2016
City-St-Zip: FORT WORTH, TX 76132 USTitle: MGR () Delete
Name: ABU, IGBETSAPE A
Address: 591 NORTHBRIDGE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 USTitle: MGR () Delete
Name: MCKENZIE, LLOYD
Address: 780 WILDBRIAR ROAD NE #205
City-St-Zip: PALM BAY, FL 32905 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR (X) Change () Addition
Name: BAKER, RON W
Address: 5541 BIG BOAT DRIVE
City-St-Zip: ATLANTA, GA 30331 USTitle: MGR (X) Change () Addition
Name: ABU, IGBETSAPE A
Address: 5217 WELLINGTON PARK CIRCLE #C26
City-St-Zip: ORLANDO, FL 32839 USTitle: () 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: AZIMEYE O. ABU

MGR

12/04/2009

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