2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L08000020668

Entity Name: 5TH AVENUE RR HOLDING, LLC

Current Principal Place of Business:

502 6TH AVE W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

502 6TH AVE W
PALMETTO, FL 34221

New Mailing Address:

P.O. BOX 936
PALMETTO, FL 34220

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

Name and Address of Current Registered Agent:

MCCLURE HOLDINGS, INC.
502 6TH AVE W
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

MCCLURE HOLDINGS, LLC
502 6TH AVE W
PALMETTO, FL 34221 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: DUANE DURYEA, TREASURER 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PD ( ) Delete
Name: MCCLURE, CORRINE A
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete
Name: MCCLURE, DANIEL C
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: SPENCER, MARY A
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: STD ( ) Delete
Name: DURYEA, DUANE
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: MCCLURE, SCOTT
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete
Name: SPENCER, ROBERT N IV
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

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:

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: DUANE DURYEA ST 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date