

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074359

FILED  
Aug 11, 2009  
Secretary of State

Entity Name: REBEL 5 LLC

## Current Principal Place of Business:

1840 COAL WAY, 4TH FLOOR  
MIAMI, FL 33145

## New Principal Place of Business:

1321 APOPKA AIRPORT ROAD  
#14  
APOPKA, FL 32712

## Current Mailing Address:

1321 APOPKA AIRPORT ROAD, #115  
APOPKA, FL 32712

## New Mailing Address:

1321 APOPKA AIRPORT ROAD  
#14  
APOPKA, FL 32712

FEI Number: 80-0263691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MMGR ( ) Change (X) Addition  
Name: JAD TRUST  
Address: 1321 APOPKA AIRPORT ROAD #14  
City-St-Zip: APOPKA, FL 32712

Title: MMGR ( ) Change (X) Addition  
Name: JON HODGSKIN  
Address: 1321 APOPKA AIRPORT ROAD #14  
City-St-Zip: APOPKA, FL 32712

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: JAD TRUST

MMGR

08/11/2009

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