

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091253

Entity Name: 5 PERCENT PARTNERS, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

758 WEST DUVAL STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

758 WEST DUVAL STREET  
JACKSONVILLE, FL 32202 UN

**Current Mailing Address:**

758 WEST DUVAL STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 26-3432391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE  
50 N. LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202 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: MGR  
Name: GILDERSLEEVE, THOMAS E  
Address: 758 WEST DUVAL STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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: TOM GILDERSLEEVE

DIR

05/01/2012

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