

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020801

Entity Name: FIVE BLOCK, LLC

FILED
Apr 10, 2012
Secretary of State

Current Principal Place of Business:

2877 MANDARIN MEADOWS DR. SOUTH
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

2877 MANDARIN MEADOWS DR. SOUTH
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 27-2127342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEANNIE
2877 MANDARIN MEADOWS DR. SOUTH
JACKSONVILLE, FL 32223 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
Name: SMITH, RANDALL B
Address: 2877 MANDARIN MEADOWS DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM
Name: SMITH, JEANNIE G
Address: 2877 MANDARIN MEADOWS DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM
Name: SMITH, RICHARD B
Address: 2877 MANDARIN MEADOWS DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM
Name: SMITH, ANNE M
Address: 2877 MANDARIN MEADOWS DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM
Name: JOHNSON, BRIAN
Address: 2877 MANDARIN MEADOWS DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM
Name: JOHNSON, TRACY E
Address: 2877 MANDARIN MEADOWS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

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: RICHARD B. SMITH

MGRM

04/10/2012

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