

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028378

Entity Name: ASSET RECOVERY V, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1111 BRICKELL AVENUE, STE. 2915  
MIAMI, FL 33131

**New Principal Place of Business:**

1111 BRICKELL AVENUE SUITE 2915  
MIAMI, FL 33131

**Current Mailing Address:**

1111 BRICKELL AVENUE, STE. 2915  
MIAMI, FL 33131

**New Mailing Address:**

1111 BRICKELL AVENUE SUITE 2915  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: APPLEBAUM, DAVID  
Address: 1111 BRICKELL AVENUE SUITE 2915  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: JOYCE, DENNIS  
Address: 1111 BRICKELL AVENUE SUITE 2915  
City-St-Zip: MIAMI, FL 33131

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: ANNE MEYER

POA

04/25/2011

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