

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007270

Entity Name: RUE AVENUE V, L.L.C.

FILED  
Jun 20, 2005  
Secretary of State

**Current Principal Place of Business:**

780 SEAGATE DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

780 SEAGATE DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-3608822      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:**

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

ASHBY, CHARLES C  
13131 UNIVERSITY DRIVE  
FORT MYERS, FL 33907      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLE, DAVID E  
Address: 3201 TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: ASHBY, CHARLES C  
Address: 1313 UNIVERSITY DR.  
City-St-Zip: FT.MYERS, FL 33907

Title: MGR ( ) Delete  
Name: DEZORT, CAROL S  
Address: 13131 UNIVERSITY DR  
City-St-Zip: FORT MYERS, FL 33907

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL S. DEZORT

MGR

06/20/2005

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