

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009055

Entity Name: NEEDLENOSE NO. 5, L.C.

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

19987 WILKINSON LEAS ROAD
TEQUESTA, FL 33469

New Principal Place of Business:

19970 WILKINSON LEAS ROAD
TEQUESTA, FL 33469

Current Mailing Address:

19987 WILKINSON LEAS RD
TEQUESTA, FL 33469

New Mailing Address:

19970 WILKINSON LEAS RD
TEQUESTA, FL 33469

FEI Number: 65-1089256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, SANDRA
102 TOLLGATE LANE
ISLAMORADA, FL 33036 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 () Delete
Name: ELLIOTT, ERNEST F
Address: 102 TOLLGATE LANE
City-St-Zip: TEQUESTA, FL 33036

Title: MGR () Delete
Name: ELLIOTT, SANDRA
Address: 102 TOLLGATE LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM () Delete
Name: KELLER, LISA
Address: 19987 WILKINSON LEAS RD
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: MCCOURT, TAMMY
Address: 229 HYNES RD
City-St-Zip: POUGHQUAG, NY 12570

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIOTT, ERNEST F
Address: 102 TOLLGATE LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KELLER, LISA
Address: 19970 WILKINSON LEAS RD
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM (X) Change () Addition
Name: MCCOURT, TAMMY
Address: 178 JOHNSON HILL ROAD
City-St-Zip: WINDALE, NY 12594

Title: MANA () Change (X) Addition
Name: SANDRA, ELLIOTT
Address: 102 TOLLGATE LANE
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA L ELLIOTT

MGN

03/23/2007

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