2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0000001802

1. Entity Name

Entity Name
 FWI 5, LLC

FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

197 EIGHTH ST., STE. 800 BOSTON, MA 02129 Mailing Address

197 EIGHTH ST., STE. 800 BOSTON, MA 02129



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3531279 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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		IIN	THIS SPACE
	named entity submits this statement for the purpose of chan ions of registered agent	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and litle # applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	iling Fee is \$ 50.00 ue by May 1, 2006		;· · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS' CITY-ST-ZIP	MGR FLAGSHIP INVESTMENT I LLC 197 EIGHTH ST., SUITE 800 BOSTON, MA 02129		U000000000 400
TITLE NAME STREET ADDRESS GITY-SI-ZIP			000000538420 05/09/06-80053-017 50.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby o	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st	quality for the exemptions contained in Chapter 1 half have the same legal effect as if made under or	19, Florida Statutes. I further certify that the information path, that I am a managing member or manager of the

JILL STRUMPF

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE