


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90108 026 \*\*\*138.75

DOCUMENT # M06000001839

1. Entity Name  
 255 FIFTH INVESTORS, LLC



Principal Place of Business  
 325 FIFTH AVENUE, SUITE 202  
 INDIALANTIC, FL 32903

Mailing Address  
 325 FIFTH AVENUE, SUITE 202  
 INDIALANTIC, FL 32903

50003251



2. Principal Place of Business - No P.O. Box #  
 325 Fifth Avenue

3. Mailing Address  
 325 Fifth Avenue

Suite, Apt. #, etc.  
 Suite 100

Suite, Apt. #, etc.  
 Suite 100

02072008 Chg-LLC CR2E083 (12/06)

City & State  
 Indialantic FL

City & State  
 Indialantic FL

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

Zip  
 32903

Country

Zip  
 32903

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRITZGERAD, BRENDAN  
 325 FIFTH AVENUE, SUITE 202  
 INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name  
 Brendan Fitzgerald

Street Address (P.O. Box Number is Not Acceptable)  
 325 Fifth Avenue

Suite 100

City  
 Indialantic

FL

Zip Code  
 32903

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brendan Fitzgerald DATE 4-11-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRITZGERAD, BRENDAN 325 FIFTH AVENUE, SUITE 202 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, TERRI 101 SOUTH 5TH STREET #3100 LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brendan Fitzgerald 325 Fifth Avenue, Suite 100 Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Boc 101 South Fifth Street, Suite 3100 Louisville KY 40202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yvonne Williams 325 Fifth Avenue, Suite 100 Indialantic FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Brendan Fitzgerald Date 4/11/08 Daytime Phone # 321-956-2000

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