FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address Of Limited Liability Company IMPACT PROPERTIES V, L.L.C. 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 1a. Principal Place of Business Address 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/16/1997 DE Suite, Apt. #, etc. 4. FEI Number Applied For	LIMITED LIABILITY COMPANY ANNUAL REPORT Subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE Katherine Harris							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Same and Maring Address DOCUMENT # M9700000689	SUCCESSION OF STATE							99 APR 26 AM 10: 17		
Name and Making Address DOCUMENT # M9700000689										
IMPACT PROPERTIES V, L.L.C. 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 2 Principal Place of Business Address 2 Principal Place of Business Address 3 Date Organized or Qualified 3 Date of Last Report 5 Date of Last Report 6 Country 7 D Country 7 D Country 7 D Country 8 Date of Last Report 6 Country 7 D Country 8 Date of Last Report 6 Country 7 D Country 7 D Country 8 Date of Last Report 9 Dat	1. Name a	and Mailing Address					AIE			
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Suite, Apt #, etc. Suite App #, etc. City & State Country Applied For 59-3469380 Solid of Last Report 6. Certificate of Status Duels 272 Additional Fixe Required 7. Name and Address of Current Registered Agent RANJI, DILIP 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 Street Address (P.O. Box Number is Not Acceptable) 1. City Country Street Address (P.O. Box Number is Not Acceptable) 1. City Country Street Address (P.O. Box Number is Not Acceptable) 1. City Country Tampa FL 33607 Suite. Apt #, etc. 2p Coopy 1. City Country Tampa FL 3. Cay Tap Coopy Tampa FL Suite Apt #, etc. Applied For Country Street Address of New Registered Agent/Office Name 1. City Country Tampa FL Tap Coopy Tampa FL Tampa	2 Principal Place of Business 2a. Mailin				g Address			3. Date Organize	d or Qualified	3a. State of Formation
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7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RANJI, DILIP 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 8. Fired Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1. DILIP 25.5.2.6.1 Suite. Apt #, etc. 04./30/33 - 01106.5 - 12.2 ******188.75 *****188.75 ******188.75 ******188.75 *******188.75 ********188.75 ***********************************										Applied For
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office **Name** Name** Name** Street Address (P.O. Box Number is Not Acceptable) 1. In Fill 2. S.	City & State			ity & State			{			
7. Name and Address of Current Registered Agent RANJI, DILIP 7627 COURTNEY CAMPBELL CSWY TAMPA FL 33607 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 10 CID COURTNEY Street Address (P.O. Box Number is Not Acceptable) 10 CID COURTNEY Street Address (P.O. Box Number is Not Acceptable) 11 CID CID COURTNEY TAMPA FL 33607 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changes registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Hereby accept the appointments are registered agent. 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGRM KANJI, DILIP 7627 COURTNEY CAMPBELL CSW TAMPA FL MGRM VALBH, ANIL I 7627 COURTNEY CAMPBELL CSW TAMPA FL 11 Ido hereby certify that the information supplied with this faling does not quality for the exemption stated in Section 119 0/(3) () Florida Statutes. Hurther certify that the information document and accurate and that my signature shall have the same logical effect as it made under ooth, that I am a managing member or manager of immided liability company or the receiver of trustee employeer of the execute this report as required by Capper 608, Florida Statutes, and that in a managing member or manager of immided that the company or the receiver of trustee employeer or empager of a required by Capper 608, Florida Statutes, and that in your name appears in flocid to grow pany or the receiver of trustee employeer or execute this report as required by Capper 608, Florida Statutes, and that in your name appears in flocid to grow pany or the receiver of trustee empower of the execute this report as required by Capper 608, Florida Statutes, and that in your name appears in flocid to grow pany or the receiver of trustee empower of the execute this report as required by Capper 608, Florida Stat	Zip Country Zip			Country				i de la companya de	•	
Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33607 Sure April 1, etc. 104/30/30 - 10056 - 1023	7. Name and Address of Current Registered				Agent			-l		
MGRM KANJI, DILIP 7627 COURTNEY CAMPBELL CSW TAMPA FL MGRM VALBH, ANIL I 7627 COURTNEY CAMPBELL CSW TAMPA FL 11 Ido hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3) (i) Florida Statutes. Hurther certify that the information does not a managing member or manager of limited-liability company or the receiver or trustee employeed to execute this report as required by Chapter 6098, Florida Statutes, and that my name appears in Block 10 or or manager of limited-liability company or the receiver or trustee employeed to execute this report as required by Chapter 6098, Florida Statutes, and that my name appears in Block 10 or or	its register as register	red office or registered agent, or both, in l red agent, and accept the obligations. RE	he State of Flor	rida. Such chi	ange was a	pove-named uthorized by	y a ffirmat	ive vote of a majorit	FL bmits this state of the member	Zip Code
MGRM VALBH, ANIL I 7627 COURTNEY CAMPBELL CSW TAMPA FL 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the informatindicated on this annual 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or or	10. Title								City	State and Zip Code
indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on	- {	•		į .						
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SIGNATURE: DILLP 1423 U-21-45 873-282-650?	SIGN		>	<u> </u>				и	21.45	873-787-650?