

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167444

FILED
Jul 14, 2008
Secretary of State

Entity Name: ELIAS BROTHERS COMMUNITIES FIVE, INC.

Current Principal Place of Business:

27599 RIVERVIEW CENTER BLVD
#205
BONITA SPRINGS, FL 34134

New Principal Place of Business:

14990 TOSCANA WAY
NAPLES, FL 34120

Current Mailing Address:

27599 RIVERVIEW CENTER BLVD
#205
BONITA SPRINGS, FL 34134

New Mailing Address:

14990 TOSCANA WAY
NAPLES, FL 34120

FEI Number: 20-3734251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YITZHAK, RAHAMIM
4206 ENTERPRISE AVENUE
#A7
NAPLES, FL 34104 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: ELIAS, OVADIA R
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: YITZHAK, RAHAMIM
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: ALIAS, ILAN
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: ELIAS, OVADIA R
Address: 14990 TOSCANA WAY
City-St-Zip: NAPLES, FL 34120

Title: V (X) Change () Addition
Name: YITZHAK, RAHAMIM
Address: 14990 TOSCANA WAY
City-St-Zip: NAPLES, FL 34120

Title: V (X) Change () Addition
Name: ALIAS, ILAN
Address: 14990 TOSCANA WAY
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVADIA R ELIAS

DPTS

07/14/2008

Electronic Signature of Signing Officer or Director

Date