

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Aug 21, 2006  
Secretary of State

DOCUMENT# L03000000102

Entity Name: 5IVE STAR, LLC

**Current Principal Place of Business:**

1800 NE 27TH ST.  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NE 27TH ST.  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

FEI Number: 82-0588625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BABB, ELBERT  
1800 NE 27TH ST.  
FORT LAUDERDALE, FL 33306      US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: BABB, ELBERT  
Address: 1800 NE 27TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33306

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

Title: MGR      ( ) Delete  
Name: CORISH, ROBERT  
Address: 918 NORIDGE TRAIL  
City-St-Zip: PORT WASHINGTON, WI 53074

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

Title: MGR      ( ) Delete  
Name: HALPERT, DAVE  
Address: 5737 VIA DEL LA PLATA CR  
City-St-Zip: DELRAY BEACH, FL 33484

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

Title: MGR      ( ) Delete  
Name: BRUKOFF, CHRISTOPHER  
Address: 1105 CASEY KEY RD  
City-St-Zip: NOKOMIS, FL 34275

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

Title: MGR      ( ) Delete  
Name: WLODARSKI, JOHN  
Address: 2220 S. MISTY COURT  
City-St-Zip: NEW BERLIN, WI 53151

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

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: ELBERT BABB

MM/M

08/21/2006

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