

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 26, 2004
Secretary of State**

DOCUMENT# L03000032251

Entity Name: 5 STAR VALET, L.L.C.

Current Principal Place of Business:

New Principal Place of Business:

5627 ELMHURST CIRCLE #103
OVIEDO, FL 32765

Current Mailing Address:

New Mailing Address:

5627 ELMHURST CIRCLE #103
OVIEDO, FL 32765

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ECOFF, MATTHEW P
5627 ELMHURST CIRCLE #103
OVIEDO, FL 32765

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/MEMBERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: REYNOLDS, TRAVIS H
Address: 5627 ELMHURST CIRCLE #103
City-St-Zip: OVIEDO, FL 32765

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

Title: MGRM () Delete
Name: ECOFF, PAUL D
Address: 441 QUIAL HILL DRIVE
City-St-Zip: DEBARY, FL 32713

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

Title: MGR () Delete
Name: ECOFF, MATTHEW P
Address: 2627 ELMHURST CIRCLE #103
City-St-Zip: OVIEDO, FL 32765

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 Section 119.07(3)(i), 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: PAUL ECOFF

MGRM

01/26/2004

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