

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014329

1. Entity Name

FIVE STAR PROPERTIES, LLC

FILED

01 MAR -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1141 SOUTH ROGERS CIRCLE, SUITE #8
BOCA RATON FL 33487

Mailing Address

1141 SOUTH ROGERS CIRCLE, SUITE #8
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUKES, PATRICIA

1141 SOUTH ROGERS CIRCLE, SUITE #8

BOCA RATON FL 33487

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PATRICIA KUKES
1141 S ROGERS CIRCLE - SUITE #8
BOCA RATON, FL 33487

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003891258--2
-03/21/01--01106--023
*****55.00 *****55.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
RICHARD FRISINA
16370 MADDALENA PLACE
DELRAY BEACH, FL 33446

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE

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

Date

Daytime Phone #

CR2E083 (11/00)