

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000014329

1. Entity Name  
FIVE STAR PROPERTIES, LLC



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



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1105675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renovating)

4/23/04  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUKES, PATRICIA 1141 S. ROGERS CIRCLE, SUITE #8 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRISINA, RICHARD 400 S OCEAN BLVD R-26 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Richard Frisina* RICHARD FRISINA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/04 561-416-4044