FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90060 038 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001003

1. Entity Name
GLOBAL FIVE STAR, L.L.C.

Principal Place of Business	Mailing Address
404 WASHINGTON AVENUE, SUITE 120 MIAMI BEACH, FL 33139	404 WASHINGTON AVENUE, SUITE 120 MIAMI BEACH, FL 33139

2. Principal Place of Business		3. Mailing Address	
500 SOUTH POINTE DR		500 SOUTH POINTE DR	
Suite, Apt. #, etc. #220		Suite, Apt. #, etc. #220	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH FL	
Zip 33139	Country USA	Zip 33139	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1070005 — 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
HART, BRIAN A ADORNO & ZEDER 2601 S. BAYSHORE DRIVE 16TH FLOOR MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE #1400 City MIAMI FL Zip Code 33131

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 ______________________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEE, M 404 WASHINGTON AVENUE STE 120 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 500 SOUTH POINTE DR. #220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COLONNESE, CATHY 04 WASHINGTON AVENUE STE 120 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition " SAME "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNSTEIN, MICHAEL A 04 WASHINGTON AVENUE STE 120 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition " SAME "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] 4-30-03 305 532 2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #