

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014471

FILED
Feb 23, 2007
Secretary of State

Entity Name: FOUR STAR HOTEL MANAGEMENT, L.C.

Current Principal Place of Business:

325 FIFTH AVENUE
SUITE 207
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 33547
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 16-1662084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONIN, LAUREN B
325 FIFTH AVENUE, SUITE 207
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: FAUST, CHARLES R
Address: 4116 N. OCEAN DRIVE, #700
City-St-Zip: LAUDERDALE-BY-THE SEA, FL 33308

Title: MGRM () Delete
Name: VOLKERT, LEON H
Address: 4116 N. OCEAN DRIVE, #700
City-St-Zip: LAUDERDALE-BY-THE SEA, FL 33308

Title: MGRM () Delete
Name: KOONIN, LAUREN B
Address: 325 FIFTH AVENUE #207
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

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

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

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: LAUREN B. KOONIN

MGRM

02/23/2007

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