

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

3/2

03-03-2003 90003 018 ****50.00

DOCUMENT # L02000021909
1. Entity Name
MANOR NORTH AND SOUTH APARTMENTS, L.L.C.



Principal Place of Business Mailing Address
4951 N.E. 28TH AVE. **4951 N.E. 28TH AVE.**
LIGHTHOUSE POINT FL 33064 **LIGHTHOUSE POINT FL 33064**

55033334



CHECK HERE IF MAKING CHANGES

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 **61-1443427** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING MEMBER
CLAUDIA ESQUIVEL
4951 NE 28AVE
LHP FL 33064

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 REQUIRED** Date **2-25-03** Daytime Phone # **954 854 8989**

CR2E083 (10/02)

Attachment

50389

102000021909

Form **SS-4**

Application for Employer Identification Number

EN *61-1443432*

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0005

1 Legal name of entity (or individual) for whom the EIN is being requested
FIVE STAR MANAGEMENT, LLC

2 Trade name of business (if different from name on line 1) _____ **3** Executor, trustee, "care of" name _____

4a Mailing address (room, apt., suite no. and street, or P.O. box) **4b** City, state, and ZIP code
4951 N E 28 AVENUE
LIGHTHOUSE POINT, FL 33064

5a Street address (if different) (Do not enter a P.O. box.) _____ **5b** City, state, and ZIP code _____

6 County and state where principal business is located
BROWARD, FL

7a Name of principal officer, general partner, grantor, owner, or trustee **7b** SSN, ITIN, or EIN
CLAUDIA ESQUIVEL **557-61-1263**

8a Type of entity (check only one box)
 Sole proprietor (SSN) _____
 Partnership _____
 Corporation (enter form number to be filed) ▶ _____
 Personal service corp. _____
 Church or church-controlled organization _____
 Other nonprofit organization (specify) ▶ _____
 Other (specify) ▶ **LLC - SINGLE MEMBER - DISREGARDED ENTITY** Group Exemption Number (GEN) ▶ _____
 Estate (SSN of decedent) _____
 Plan administrator (SSN) _____
 Trust (SSN of grantor) _____
 National Guard _____
 Farmers' cooperative _____
 REMIC _____
 State/local government _____
 Federal government/military _____
 Indian tribal governments/enterprises _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____

9 Reason for applying (check only one box)
 Started new business (specify type) ▶ **REAL ESTATE MANAGEMENT**
 Hired employees (Check the box and see line 12.) _____
 Compliance with IRS withholding regulations _____
 Other (specify) ▶ _____
 Banking purpose (specify purpose) ▶ _____
 Changed type of organization (specify new type) ▶ _____
 Purchased going business _____
 Created a trust (specify type) ▶ _____
 Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) **10/29/02** **11** Closing month of accounting year **DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." _____
 Agricultural _____ Household _____ Other _____

14 Mark one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail
 Other (specify) _____

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE/PROPERTY MANAGEMENT

16a Has the applicant ever applied for an employer identification number for this or any other business? _____ Yes No
 Note: If "Yes," please complete lines 16b and 16c.

16b If you marked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee
 Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
 Designee's name **ALAN MILLER**
 Address and ZIP code **2500 E HALLANDALE BCH BLVD STE 402 HALLANDALE, FL 33009**
 Designee's telephone number (include area code) **(954) 454-9446**
 Designee's fax number (include area code) **(954) 454-9447**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
 Name and title (type or print clearly) ▶ **CLAUDIA ESQUIVEL**
 Signature ▶ *[Signature]* Date ▶ **2-27-03**
 Applicant's telephone number (include area code) **(954) 554-8989**
 Applicant's fax number (include area code) **954-834-0385**