

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023537

Entity Name: FIVE STAR FLORIDA LLC

FILED  
May 04, 2004  
Secretary of State

**Current Principal Place of Business:**

914 ADAMS STREET  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

914 ADAMS STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 58-2676119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, BRIAN  
914 ADAMS STREET  
HOLLYWOOD, FL 33019 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GORDON, BRIAN  
Address: 914 ADAMS ST.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: CASTER, STEVE  
Address: 950 JEFFERSON ST.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: SCHIFF, STEVE  
Address: 9955 N. KENDALL DRIVE, SUITE 205  
City-St-Zip: MIAMI, FL 33176

**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 Section 119.07(3)(i), 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: BRIAN GORDON

MGRM

05/04/2004

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