2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # L03000041893 02-09-2006 90150 016 ****50.00 FIVE STAR PROPERTY HOLDINGS, LLC Principal Place of Business Malling Address 6121 ORANGE HILL CT. 6121 ORANGE HILL CT. 20006411 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number **APPLIED FOR** Not Applicable Zlp Country Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAKKAK, ASSAD S Street Address (P.O. Box Number is Not Acceptable) 6121 ORANGE HILL CT. ORLANDO, FL 32819 City Zip Code 6. 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 rematating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2008 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition ☐ Change mle Delete TITLE DAKKAK, ASSAD S NAME STREET ADDRESS 6121 ORANGE HILL CT. STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-B1-JIP ☐ Change Delete title ☐ Addition TITLE NAME DAKKAK, EDNA NAME STREET ADDRESS 6121 ORANGE HILL CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP City-St-#P ☐ Delete ☐ Chance Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-71P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ŧmL₽ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 809, Florida Statutes.

FILED

Feb 09, 2006 8:00 am