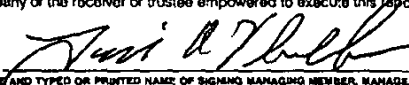


FILED
Jul 05, 2005 8:00 am
Secretary of State

04-25-2005 90104 044 ***150.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000062590			
1. Entity Name 5 STARS INVESTMENT GROUP, LLC			
Principal Place of Business 4801 S UNIVERSITY DRIVE SUITE 102 FORT LAUDERDALE, FL 33328 US		Mailing Address 4801 S UNIVERSITY DRIVE SUITE 102 FORT LAUDERDALE, FL 33328 US	
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 76-0787075		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPSMATHIS, LLC 201 W FLAGLER STREET MIAMI, FL 33130		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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, TAMI A 4801 S UNIVERSITY DRIVE, SUITE 102 FORT LAUDERDALE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, CURTIS L 5950 W OAKLAND PARK BOULEVARD, SUITE 300 LAUDERHILL, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPANE, CHARLES A 150 S PINE ISLAND, SUITE 420 PLANTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kevin Dade S 3002 East Ocala River Drive #7 Gwynn Beach, FL 33436 ☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		4/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30009881



04162005 Chg-LLC CR2E083 (10/03)