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

30009861

Principal Place of Business	Mailing Address
4801 S UNIVERSITY DRIVE SUITE 102 FORT LAUDERDALE, FL 33328 US	4801 S UNIVERSITY DRIVE SUITE 102 FORT LAUDERDALE, FL 33328 US

04162005 Chg-LLC CR2E083 (10/03)

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 76-0767075 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPSMATHIS, LLC 201 W FLAGLER STREET MIAMI, FL 33130	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)

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 Doyle S 3952 East Land Ryer Drive #7 Boynton Beach, FL 33436 ☐ 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
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: Tami A Phillips 4/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #