

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

South Beach

7709-007) FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 10:21

DOCUMENT # L04000078018 1. Entity Name TRISTAR MANAGEMENT, LLC					
Principal Place of Business C/O SOUTH BEACH TRISTAR 830 LINCOLN ROAD MIAMI BEACH, FL 33139			Mailing Address C/O SOUTH BEACH TRISTAR 830 LINCOLN ROAD MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07182005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSE, ELLEN ESQ 1 SE THIRD AVENUE, SUITE 2400 MIAMI, FL 33131			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 reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE _____ NAME MANAGER STREET ADDRESS DAVID EDELTEN CITY-ST-ZIP 190 MADISON AVENUE 21 FIRM, New York NY 10022	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME MEMBER STREET ADDRESS Jacqueline Mansfield CITY-ST-ZIP 2301 LOMAX AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		000059749770 09/13/05--01059--024 **50.00		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> DAVID EDELTEN 8/12/05 (212) 521-4428					