

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10: 29

DOCUMENT # L04000079035

1. Entity Name
A THOUSAND STARS, LLC



Principal Place of Business
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI, FL 33131

Mailing Address
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI, FL 33131

2. Principal Place of Business
777 BRICKELL AVE.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 950

Suite, Apt. #, etc.

09252006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL

City & State

4. FEI Number
20-2020830

Applied For
Not Applicable

Zip
33131

Country
USA

Zip

Country

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

SAEZ, PEDRO P ESQ.
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI, FL 33131

Name
SAEZ, PEDRO P.

Street Address (P.O. Box Number is Not Acceptable)

777 BRICKELL AVE., SUITE 950

City
MIAMI

FL

Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ISAZA, CARLOS
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI, FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700081087827
10/23/06--01003--010 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STEFANO CAMPANINI
777 BRICKELL AVENUE, SUITE 950
MIAMI, FL 33131 ☐ 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

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/4/06

Date

(305) 358-0028

Daytime Phone #