2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN DOCUMENT # L05000020808 1. Entity Name Secretary of State FIVE STAR FUNGUS FREE, LLC Principal Place of Business Mailing Address 16301 127TH DR. N. JUPITER FL 33478 16301 127TH DR. N. JUPITER FL 33478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 01-3496517 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWELL, BETH Street Address (P.O. Box Number is Not Acceptable) 609 N. HEPBURN AVE #105 JUPITER FL 33478 Zip Code 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent. Signalitte, typud or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10, ADDITIONS/CHANGES HHI MGRM Delete THE Change Addition NAME COPELAND, SUSAN M MASS U00000604102 SIRELI ADDRESS STRUCT ADDRESS 13153 169TH CT, N. 01/29/07-80040-005 50.001 CITY ST ZIF CITY ST 782 JUPITER FL 33478 HHE ☐ Delete TILLE MGRM ☐ Change Addition NAMI NAMI WALTER, CAROL L STREET ADDRESS STREET ADORESS 16301 127TH DR. N. PULY-ST-ZIP CHY-SI-ZIP JUPITER FL 33478 ш ☐ Delete IIIIF Change ☐ Addition MAM NAME SIBILI ADDRESS STREET ADDRESS CRY SI-ZII MIY-SI-2# THEE Dafete RHE Change Addition NAME 粉件基礎 SIFELT ADDRESS STREET ADDRESS CHY ST /IF CITY ST /IP me Defete HHE Change ☐ Addition NAME NAME STREET ADDRESS SERVELLADORESS CITY ST-ZIP CHY-ST ZIP HILL ☐ Octete HILE Change ☐ Addition NAME NAME SITTEET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos 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: CAROL L. Wa HER 01-23-07 THE SIGNATURE OF SUNNING MANAGER MANAGER OF ALL HARDEST PERSONNATURE