

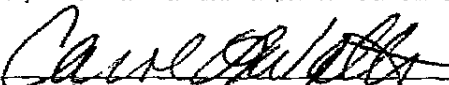


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000020808 1. Entity Name FIVE STAR FUNGUS FREE, LLC					
Principal Place of Business 16301 127TH DR. N. JUPITER FL 33478 US			Mailing Address 16301 127TH DR. N. JUPITER FL 33478 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-3496517				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 CROWELL, BETH 609 N. HEPBURN AVE #105 JUPITER FL 33478			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 reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM COPELAND, SUSAN M 13153 169TH CT. N. JUPITER FL 33478	<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	MGRM WALTER, CAROL L 16301 127TH DR. N. JUPITER FL 33478	<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
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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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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  CAROL L. WALTER 01-23-07 561-746-5418					