

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021968

FILED
Mar 13, 2007
Secretary of State

Entity Name: FIVE STAR QUALITY SERVICES LLC

Current Principal Place of Business:

9471 LISA ROAD
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9471 LISA ROAD
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-2647368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAY, PEDRO I JR.
9471 LISA ROAD
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAY, ALEIDA
Address: 9471 LISA ROAD
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: SAY, PEDRO I JR.
Address: 9471 LISA ROAD
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: SAY, LISVAN
Address: 9471 LISA ROAD
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: SAY, OLIVETTE
Address: 9471 LISA ROAD
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO SAY

MGMR

03/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date