
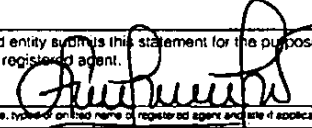



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90132 010 \*\*\*\*50.00

|  |                 |                      |  |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT # L05000068871</b><br>1. Entity Name<br><b>FIVE STARS, LLC</b>   |                 |                      |  |   |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>3293 N.W. 7TH STREET<br/>MIAMI, FL 33125</b>   |                 |                      | Mailing Address<br><b>3293 N.W. 7TH STREET<br/>MIAMI, FL 33125</b> |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                 |                      | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State   |                 |                      | City & State   |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip  |                 | Country              |  | Zip  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country  |                 | Country              |  | 01312006 Chg-LLC CR2E083 (11/05)   |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. FEI Number<br><b>902717166</b>  |                 |                      |  | Applied For<br><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<br><b>DIAZ, ARELIS<br/>9360 SW 72 STREET, SUITE 232<br/>MIAMI, FL 33173</b>  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE  DATE <b>1/31/2006</b><br><small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)</small> |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                 |                      | Make check payable to<br>Florida Department of State               |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>DA SILVA, FIRMO</td> <td>3293 N.W. 7TH STREET</td> <td>MIAMI, FL 33125</td> <td></td> </tr> </table>                                |                 |                      | TITLE  | NAME   | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |  | DA SILVA, FIRMO | 3293 N.W. 7TH STREET | MIAMI, FL 33125 |  | 10. ADDITIONS/CHANGES<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  | 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  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | DA SILVA, FIRMO | 3293 N.W. 7TH STREET | MIAMI, FL 33125  |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 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:    |                 |                      | Date <b>1/31/2006</b> Daytime Phone # <b>786 2858577</b>           |  |                |             |                                 |  |                 |                      |                 |  |   |  |  |       |      |                |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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30002295

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

FIVE STARS, LLC  
3293 N.W. 7TH STREET  
MIAMI, FL 33125

Subject: FIVE STARS, LLC

Reference Number:

L05000068871

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION