FILED
Aug 15, 2006 8:00 am
Secretary of State
07-31-2006 90145 027 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086865

1. Entity Name
5TH COURT PROPERTIES, LLC

30012717

Principal Place of Business	Mailing Address
C/O MALIBU LODGING INVESTMENTS, LLC 660 NW 81ST STREET MIAMI, FL 33150	C/O MALIBU LODGING INVESTMENTS, LLC 660 NW 81ST STREET MIAMI, FL 33150
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3458476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMER, KARL J ESQ
20801 BISCAYNE BLVD., STE. 301
MIAMI, FL 33180-1422

7. Name and Address of New Registered Agent

Name: SAM BURSTYN c/o
Street Address (P.O. Box Number is Not Acceptable): CITY INN HOTEL 660 NW 81 ST STREET
City: MIAMI FL Zip Code 33150

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] 7/27/06
Signature/typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	BURSTYN, JUDAH	
STREET ADDRESS	C/O MALIBU LODGING INVESTMENTS, LLC	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	MGR	☐ Delete
NAME	BURSTYN, SAM	
STREET ADDRESS	C/O MALIBU LODGING INVESTMENTS, LLC	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 7/27/06 305-751-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #