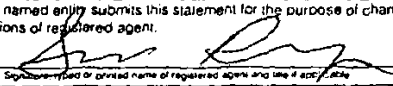
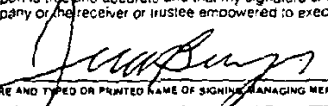


FILED
Aug 15, 2006 8:00 am
Secretary of State

07-31-2006 90145 027 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000086865			
1. Entity Name 5TH COURT PROPERTIES, LLC			
Principal Place of Business C/O MALIBU LODGING INVESTMENTS, LLC 660 NW 81ST STREET MIAMI, FL 33150		Mailing Address 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
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 81ST 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:  DATE: 7/27/06 Signature must be printed name of registered agent and date it is filed. (NOTE: Registered agent signature required when withdrawing)			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURSTYN, JUDAH C/O MALIBU LODGING INVESTMENTS, LLC MIAMI, FL 33150 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURSTYN, SAM C/O MALIBU LODGING INVESTMENTS, LLC MIAMI, FL 33150 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 7/27/06 305-738-5121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30012717



07242006 Chg-LLC CR2E083 (11/05)