2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90017 043 ****50.00

DOCUMENT # L05000118638

1. Entity Name
FIVE STARS HOMES, LLC

Principal Place of Business	Mailing Address
1000 ANGIE LANE DESOTO, TX 75115 US	1000 ANGIE LANE DESOTO, TX 75115 US

05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 3239
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Apollo Beach, FL
Zip / Country	Zip: 33572 Country: US

4. FEI Number — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PENNIX, VICTORIA
11340 MISTY ISLE LANE
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: Victoria Pennix
Street Address (P.O. Box Number is Not Acceptable): 5717 Piney Lane Drive
City: Tampa, FL Zip Code: 33625

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: Victoria Pennix Victoria Pennix 4/30/06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, JOHN 1000 ANGIE LANE DESOTO, TX 75115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Victoria Pennix 5717 Piney Lane Drive Tampa, FL 33625	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Victoria Pennix 4-30-06 727-867-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #