

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118638

Entity Name: FIVE STARS HOMES, LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

1000 ANGIE LANE
DESOTO, TX 75115 US

New Principal Place of Business:

4905 34TH STREET SOUTH
#264
ST PETERSBURG, TX 33711 US

Current Mailing Address:

P.O. BOX 3239
APOLLO BEACH, FL 33572 US

New Mailing Address:

4905 34TH STREET SOUTH
#264
ST PETERSBURG, FL 33711 US

FEI Number: 20-8146775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNIX, VICTORIA
5717 PINEY LANE DRIVE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

SALAT, BASEEMAH
5717 PINEY LANE DRIVE
TAMPA, FL 33625 US

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: BASEEMAH SALAT

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, JOHN
Address: 1000 ANGIE LANE
City-St-Zip: DESOTO, TX 75115 US

Title: MGRM (X) Delete
Name: PENNIX, VICTOIRA
Address: 5717 PINEY LANE DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALAT, BASEEMAH N
Address: 5717 PINEY LANE DRIVE
City-St-Zip: TAMPA, FL 33625 US

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

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: BASEEMAH SALAT

MGRM

03/05/2007

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