




2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000122362 1. Entity Name FIVE STAR CONSTRUCTION, LLC					
Principal Place of Business 3159 HWY 441 N OKEECHOBEE, FL 34972 US			Mailing Address 3159 HWY 441 N OKEECHOBEE, FL 34972 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3993392	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAMPTON, ANTHONY D 3157 HIGHWAY 441 NORTH OKEECHOBEE, FL 34972			7. Name and Address of New Registered Agent Name DAVID A. SCHMIDT Street Address (P.O. Box Number is Not Acceptable) 3159 HWY 441 N City OKEECHOBEE FL Zip Code 34972		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE April 19, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$50.00		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAMPTON, ANTHONY D 3159 HIGHWAY 441 N OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAREN KAMICHOFF 879 WESTFIELD AVE RAHWAY NJ 07065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONALD SCHMIDT 3159 HWY 441 N OKEECHOBEE FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVID A. SCHMIDT 3159 HWY 441 N OKEECHOBEE FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000097699770		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  David A. Schmidt, MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/19/07 (863) 357-3283 <small>Daytime Phone #</small>		

FILED
 07 APR 20 PM 1:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK



04192007 Chg-LLC CR2E083 (12/06)



CORPORATION SERVICE COMPANY

L05000122362

ACCOUNT NO. : 072100000032

REFERENCE : 860640 10234A

AUTHORIZATION :

Susie Knight

COST LIMIT : \$ 50.00

FILED
07 APR 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 20, 2007

ORDER TIME : 9:29 AM

ORDER NO. : 860640-010

CUSTOMER NO: 10234A

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 20 AM 10:57
RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: FIVE STAR CONSTRUCTION, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: _____

BK