

LIMITED LIABILITY COMPANY



| | FLORIDA DEPARTMENT OF STA |
|-----|---------------------------|
| 100 | Sandra B. Mortham |
| | Secretary of State |
| | DIVISION OF CORPORATIONS |



| | ANNUAL RE | PORT | | Sandra I Secreta | | | | APR II | рм 12: h | .a | |
|--|---|--|----------------|------------------------|-----------|---|---|-----------------|--------------|-------------------------------|--|
| | 1997 | | ALLE! | DIVISION OF | CORP | ORATIONS | 97 | ANK FI | 11116. 4 | | |
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLINAENT # | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| of Limi | and Mailing Addited Liability Com | pany DOCU | MENT | 先93000 | 000 | 443 |] | | | | |
| F | IVE STAP | R HOLDINGS, | L.C. | | | | 1a. Principal Place of Business Address | | | | |
| 1 | 401 BRIC | CKELL AVE | | | | | 401 BRICKELL AVE | | | | |
| _ | UITE 53(IAMI FL | | | | | | \$UITE 530 MIAMI FL 33131 | | | | |
| · MIAMI FL 33131 | | | | | | | | | | | |
| | mailing address is in oal Place of Busin | correct in any way, li ne thro less | | information and en | ter corr | ection in Block 28. | 3. Date Organized or Qualified 3a. State of Formation | | | | |
| Suite, Apt | # etc | | Suite, Ap | 1 # ptc | | | 2/22/1993 FL | | | | |
| Suite, Api | . #, 0 1G. | | Suite, Ap | t. #, 0to. | | | 4. FEI Number Applied For | | | | |
| City & Sta | ite | | City & St | ate | · | | 65-0504098 Not Applice | | | Not Applicable | |
| Zip | | Country | Z ip | | Countr | у | 5. Date of Las | st Report | 6. Certifi | icate of Status Desired | |
| | | | | | _ | | 04/17/1 | 996 | 58 75 Adi | fitional Fee flequired | |
| | 7. Name a | nd Address of Current | Registered | Agent | | Name | 8. Name and A | ddress of New F | legistered / | Agent | |
| 9. Pursuits registe | red office or regis | ons of Sections 608.416 a tered agent, or both, in the | | | | | d liability compan | | tement for t | he purpose of changing | |
| _ | • | ccept the obligations. | | | | | | | | | |
| SIGNATU | JRE | (Registered Agent Accepting A | ppointment) (f | NOTE: Registered Agent | signatu/(| e required when reinstatir | ng) | _ DATE | | | |
| 10. Title | Mana | iging Members/Managers | | 1 | Busine | ss Street Address | | Cit | y, State and | J Zip Code | |
| 1) | MARCO, (| GERALD A | : | 401 BRI | CKE | LL AVE | | NIAMI E | L | | |
| 1 | CUMMINGS | S, PAUL M | : | 428 BRI | CKE | LL AVE | SUITE 4 | NIAMI E | L | | |
| 1 | VOLSKY, | GEORGE | : | 101 BRI | CKE | LL AVE | SUITE 1 | NIAMI E | `L | | |
| 1 | TACOBS, | ERIC | . • | 3594 SW | 58 | TH AVE | | NIAMI E | L | | |
| 1 1 | reinste1 | N, MARVIN | : | 20-B S | UNI | VERSITY | DR | PLANTAT | ION F | 'L | |
| | | | | | | | 50 | | 143 | 8755 1182011 ****203.75 | |
| | | ne information supplied wit port is true and accurate a | | | | same legal effect a | s if made under o | | anaging me | mber or manager of the | |

Cold Mars, Mary Mark GERALO AMARCO 4/4/97 (3.05)371-7200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER attachment with an address.

| S | IG | N | Δ. | TI | H | ₹ | = |
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