File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 59 HAY TO FILLD: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 193000000443** 1a. Principal Place of Business Address FIVE STAR HOLDINGS, L.C. 1401 BRICKELL AVE 1401 BRICKELL AVE SUITE 530 SUITE 530 MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/22/1993 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0504098 City & State City & State . Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip Zip 03/30/1998 S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MARCO, GERALD A 1401 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 530 MIAMI FL 33131 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ (Registered Agent Accepting Application). (INCLE Ring stone Agent signature registed when recist ring) Title Managing Members/Managers **Business Street Address** City, State and Zip Code MARCO, GERALD A 1401 BRICKELL AVE M MIAMI FL CUMMINGS, PAUL M M 1428 BRICKELL AVE SUITE MIAMI FL VOLSKY, GEORGE 1101 BRICKELL AVE M SUITE MIAMI FL М JACOBS, ERIC 13594 SW 58TH AVE MIAMI FL FEINSTEIN, MARVIN 120-B S UNIVERSITY DR М PLANTATION FL edominerresen--- 65/48/99---B1647---D2D \*\*\*\*188, 75 11. Ldo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3) (i), Florida Statutes. I further certify that the information

indicated on this annual 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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attachment with an address.