2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L93 00000 443 FILED Five Star Holding, L.C. 01 APR -4 AM 7:53 SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1401 Burlen Avie 1401 bricken fre Suite 530 Sunte 530 MIQM, IR 33131 MIAM) Fl 33131 2. Principal Place of Business (120 5 - Un IVE/64) 3. Mailing Address UniVersity Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State / ation 4. FEI Number Applied For -050409 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marco, Gerald A. 1401 Brickell Due Swete 530 miam; 12 33131 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE ed agent and title if applicable AMENOVIDIȚE (SCENO) Unicontracy library minimicals 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES marco, Gerald A. marco, Lisa 2795 paddode pd Addition TITLE TITLE ☐ Change 1401 Brichell Are NAME STREET ADDRESS STREET ADDRESS Sutc \$30 Mrams, PC 33131 Weston, Fe 33331 CITY-ST-ZIP CITY-ST-7IP dumming, Parl #400 ☐ Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS miani , PC 33131 CITY-ST-71P CITY-ST-ZIP MISKY, George AVE #450 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS MIAMO, PC 33 131 CITY-ST-ZIE CiTY-ST-ZIP ☐ Delete IIIII 33345 mage \_ Addition\_ TITLE TETLE -Tacobs, exer -04/12/01--01067--006 NAME NAME 13594 SW 58 TE AUR \*\*\*\*\*50.00 \*\*\*\*50.00 STREET ADDRESS STREET ADDRESS miami, FL 33156 CITY-ST-ZIP CITY-ST-7IP Detete ☐ Addition TITS F TITLE ☐ Change Eunstein Marvin NAME NAME 20-8 5. University Ar STREET ADDRESS STREET ADDRESS Plantation, 12 33324 CITY-S ZIP CITY-ST-ZIE ☐ Addition NAME \* TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.