2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L93000000443

FIVE STAR HOLDINGS, L.C.

Principal Place of Business

120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324

Mailing Address

120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324

FILED Mar 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0504098

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, MARVIN 120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

 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 Signature, hood or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renatating) DATE			
Filing Fee is \$50.00 Due by May 1, 2004			U00000089963 03/16/04-80011-007 50.00
9.	MANAGING MEMBERS/MANAGERS		
THLE NAME STREET ADDRESS CITY ST-ZIP	M MARCO, LISA 2795 PADDOCK RD WESTON, FL 33331		
HILE NAME STREET ADDRESS CHY-SI-DP	M CUMMINGS, PAUL M 1428 BRICKELL AVE SUITE 400 MIAMI, FL 33131	. –	
HILE NAME STREET ADDRESS CHY-ST-ZP	M VOLSKY, GEORGE 1101 BRICKELL AVE SUITE 1400 MIAMI, FL 33131	DO	NOT WRITE
RILE NAME STREET ADORESS CITY-ST-BP	M JACOBS, ERIC 13594 SW 58TH AVE MIAMI, FL 33156	IN T	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP	M FEINSTEIN, MARVIN 120-B S UNIVERSITY DR PLANTATION, FL 33324		
ISTLE NAME STREET ADDRESS CHY ST &P			

11. I hereby certify that the information supplied with this filling 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 receivar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Malura SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/11/04

Date

Daytime Phone #