

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000443

1. Entity Name
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



03112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | M |
| NAME | MARCO, LISA |
| STREET ADDRESS | 2795 PADDOCK RD |
| CITY-ST-ZIP | WESTON, FL 33331 |
| TITLE | M |
| NAME | CUMMINGS, PAUL M |
| STREET ADDRESS | 1428 BRICKELL AVE SUITE 400 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | M |
| NAME | VOLSKY, GEORGE |
| STREET ADDRESS | 1101 BRICKELL AVE SUITE 1400 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | M |
| NAME | JACOBS, ERIC |
| STREET ADDRESS | 13594 SW 58TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | M |
| NAME | FEINSTEIN, MARVIN |
| STREET ADDRESS | 120-B S UNIVERSITY DR |
| CITY-ST-ZIP | PLANTATION, FL 33324 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000300360
04/12/05-80017-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/05 954423-9749