

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 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**



02072008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000936963
05/27/08-80031-003 138.75

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 | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Marvin Feinstein 3/18/08 954 423-9745