## 2001 UNIFORM BUSINESS REPORT (UBR)

## L98000000726 DOCUMENT # FILED Entity Name FIRST STAR HOLDINGS, L.C. 01 MAY -3 PM 1: 14 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1164 E. OAKLAND PARK BLVD., #100 1164 E. OAKLAND PARK BLVD., #100 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0847966 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAVENDER, JOEL R Street Address (P.O. Box Number is Not Acceptable) 507 S.E. 11TH COURT FT. LAUDERDALE FL 33316 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 200004336812--3 -05/31/01--01093--013 FILE NO W!!! FEE IS \$50.00 Make Check Payable to Department of State \*\*\*\*\*50.00 \*\*\*\*50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGRM CR2E083 (11/00) ☐ Change Addition TITLE TITLE Delete BLOCKER, MARK NAME NAME 757 SOUTHEAST 17TH STREET, #340 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete TITLE Change ☐ Addition TITLE BLOCK, DAVID NAME NAME 757 SOUTHEAST 17TH STREET, #340 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 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.

SIGNATURE:

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

1/20/01

954-233-1776

Daytime Phone