

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000427

1. Entity Name
FIVE STAR INVESTMENTS, L.C.



Principal Place of Business
**114 NE FIRST STREET
TRENTON, FL**

Mailing Address
**PO BOX 308
TRENTON, FL 32693**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURT, THEODORE M
114 NE FIRST STREET
TRENTON, FL**

**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**

000000206487
02/01/05-80008-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRADLEY, CLIFTON
709 NE 16TH ST.J
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTIN, JOHNIE P
6849 SW CR 341
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRC PROPERTIES, INC.
P.O. BOX 443
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BURT, THEODORE M
P.O. BOX 919
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(b), 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 60B, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

JAN 28, 2005

352-493-2525