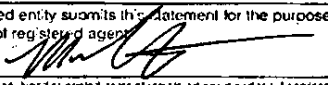
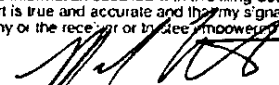


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90647 012 ****50.00

DOCUMENT # M04000003080 1. Entity Name 5STARCARDS, LLC					
Principal Place of Business 663 JAMESTOWN BLVD., STE 1080 ALTAMONTE SPRINGS, FL 32714			Mailing Address 663 JAMESTOWN BLVD., STE 1080 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 27 LAKEVIEW RESERVE BLVD		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WINTER GARDEN FL		City & State 		4. FEI Number 20-0260919	
Zip 34787		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KANTER, MARK 663 JAMESTOWN BLVD., APT 1080 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name MARK KANTER Street Address (P.O. Box Number is Not Acceptable) 27 LAKEVIEW RESERVE BLVD City WINTER GARDEN FL Zip Code 34787		
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  DATE 4/15/05 Signature, typed or printed name of registered agent and his or her address. (P.O. Box, Registered Agent's signature required when changing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILLOW WEBB HOLDINGS LLC 1220 N MARKET ST., STE 606 WILMINGTON, DE 19801	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRAB SHORE HOLDINGS LLC 1220 N MARKET ST., STE 606 WILMINGTON, DE 19801	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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:  DATE 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

20059641



04142005 Chg-LLC CR2E083 (10/03)