2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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04142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M04000003080

1. Entity Name
5STARCARDS, LLC

Principal Place of Business	Mailing Address
663 JAMESTOWN BLVD., STE 1080 ALTAMONTE SPRINGS, FL 32714	663 JAMESTOWN BLVD., STE 1080 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
27 Lakeview Reserve Blvd	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State
Zip: 34787 Country: USA	Zip Country

4. FEI Number: 20-0260919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANTER, MARK 663 JAMESTOWN BLVD., APT 1080 ALTAMONTE SPRINGS, FL 32714	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 [signature] 4/15/05
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

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
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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] 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #