2001 UNIFORM	BUSINESS REPORT	(UBR)
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	JMENT# LOOOO	0010827		<u>(OBII)</u>			•		Ž
1. Entity Name WHITESTAR HOLDINGS, LLC						FIL	ED		2
Principal Place of Business Mailing Address					_	2001 HAY -2	PM 3: 30		
,	RATON BLVD	Mailing Address 2200 BOCA RATON BLVI)		!				
STE 212 STE 212 BOCA RATON FL 33431 BOCA RATON FL 33431				DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
2200 f	Place of Business	3. Mailing Address 2 Zoo Boca Re	teg,	Blud.	- - -				
Suite, Apt.	य क्र ा ३	Suite, Apt. #, etc.			65	DO NOT WRITE	IN THIS SPACE		
City & Stat	Laton, EL	Bock Roth	FL	,	4. FEI Num	ber 370X		opplied For lot Applicable	ı
33431	Palmbrach	33 431	Count	m Bead	<u> </u>	te of Status Desired	□ \$5.00 Ac Fee Requir	dditional	
	6. Name and Address of Current R	egistered Agent		Name	7. Name ar	d Address of New Reg	istered Agent		
BISHOP, JAMES E			Street Address	(P.O. Box Num	per is Not Acceptable)				
	ICA RATON BLVD., STE 212 ATON FL 33431						·		
				City			FL Zip Co	de	
8. The above	e named entity submits this statement for the	the purpose of changing its r	egistere	d office or registe	red agent, or b		da.		
SIGNATURE	Signarde, typed or printed name of registered agent and	d tite happlicable. (NOT:	Registered	Agent signature require	d whell reinstating)	April 20	DATE		
(FILE No.	. 0	EE IS \$50.00 Department	of State		· \ \ -		
9.	MANAGING MEMBER	RS/MEMBERS	10.	<u> </u>		ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James E. Briker 4820 Samt Char Bown Raton, FL 33	lesway		T ADDRESS 22		, Bishop Raton Blud	l. Swite Z	☐ Addition	2E083 (11/00)
TITLE	BOOK A STANLIFE SE	☐ Delete	TITLE	15,7	<u> </u>	m. FL 33	☐ Change	Addition	CRZE
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	T ADDRESS					
TITLE NAME		☐ Delete	TITLE		-	-	☐ Change	☐ Addition~	-
STREET ADDRESS CITY-ST-ZIP	,		STREE CITY-	T ADDRESS ST-ZIP	5	9000043 -05/30/		014	
TITLE NAME		☐ Delete	TITLE			*****5	3.00 <u>****</u> *	50-Abdition	
STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS		51.	☐ Change	☐ Addition	
CITY-ST-ZIP		□ p.to.	CITY-S	ST-ZIP			Change	Addition	
NAME STREET ADDRESS	! }	☐ Delete		F ADDRESS	•		☐ Change	Addition	
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	at my signature shall have th	e same	nption stated in Solegal effect as if r	nade under oat	n; that I am a managing	member or manage	er of the	
SIGNAT	URE: SIGNATURE AND THE OR PRINTED NAME OF S	305 REGUL FI	GER, OR A	Tames UTHORIZED REPRESE	E. B.	Statutes. April	71-347-18 Daytime Phone #	-18	