

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90069 019 \*\*\*\*50.00

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01102006 Chg-LLC CR2E083 (11/05)

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>DOCUMENT # L00000015065</b>  |   |   |   |  |   |
| <b>1. Entity Name</b><br>STARFORD HOLDINGS, LC  |   |   |   |  |   |
| <b>Principal Place of Business</b><br>1300 BRICKELL AVE.<br>MIAMI, FL 33131   |   |   | <b>Mailing Address</b><br>1300 BRICKELL AVE.<br>SUITE 310<br>MIAMI, FL 33131  |  |   |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b><br>1300 Brickell Ave. |   |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                             |   |  |   |
| City & State  |   | City & State<br>Miami, FL                       |   | <b>4. FEI Number</b><br>65-1061774   |   |
| Zip   |   | Country   |   | Zip<br>33131   |   |
| Country   |   | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SANCHEZ, MILAGORS<br>1300 BRICKELL AVE<br>MIAMI, FL 33131   |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |   |
| <b>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.</b>  |   |   |   |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   |   |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DEFORTUNA, EDGARDO<br>1300 BRICKELL AVE<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |   |   |   |  |   |
| <b>SIGNATURE:</b> <u>Edgardo Defortuna</u> 01/17/06 <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</span> <span>Date</span> <span>Daytime Phone #</span> </div>  |   |   |   |  |   |