



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90155 048 \*\*\*\*55.00

DOCUMENT # L01000001755							
1. Entity Name STAR AUTO FINANCE, LLC							
Principal Place of Business 801 S. UNIVERSITY DRIVE A-101 PLANTATION, FL 33324		Mailing Address 801 S. UNIVERSITY DRIVE A-101 PLANTATION, FL 33324					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-1074581</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SZAPIRO, URI 801 S. UNIVERSITY DRIVE A-101 PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SZAPIRO, URI		NAME				
STREET ADDRESS	1640 SWEETBAY WAY		STREET ADDRESS	20201 East Country Club Dr. #1502			
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Aventura, FL 33180			
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SZAPIRO, DOV		NAME				
STREET ADDRESS	19963 NE 19TH PL.		STREET ADDRESS	19963 NE 19th Place			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	North Miami Beach, FL 33179			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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.							
SIGNATURE: 			Date: 1/24/06		Daytime Phone #: 954-615-1400 x130		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							