

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001755

FILED
Jan 15, 2008
Secretary of State

Entity Name: STAR AUTO FINANCE, LLC

Current Principal Place of Business:

801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324

New Principal Place of Business:

101 NE 3RD AVE., 20TH FLOOR
SUITE 2000
FT. LAUDERDALE, FL 33301

Current Mailing Address:

801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324

New Mailing Address:

101 NE 3RD AVE., 20TH FLOOR
SUITE 2000
FT. LAUDERDALE, FL 33301

FEI Number: 65-1074581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZAPIRO, URI
801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SZAPIRO, URI
101 NE 3RD AVE., 20TH FLOOR
SUITE 2000
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE:

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SZAPIRO, URI
Address: 20201 E COUNTRY CLUB DR #1502
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SZAPIRO, DOV
Address: 19963 NE 19TH PLACE
City-St-Zip: N MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOV SZAPIRO

MGRM

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date