


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008011
 1. Entity Name
STARR ESTATES, LLC



Principal Place of Business 484 ROYAL PALM WAY BOCA RATON, FL 33432 US	Mailing Address 484 ROYAL PALM WAY BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0437059	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 EDGAR A. BENES, P.A.
 951 BROKEN SOUND PARKWAY NW
 SUITE 140
 BOCA RATON, FL 33487

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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 _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONALDSON, ANNETTE 484 ROYAL PALM WAY BOCA RATON, FL 33432
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 05/23/05-80011-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(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: *Annette Donaldson* x *5/19/05* x
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #