

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000089183</b>																																																																																																																																			
<b>1. Entity Name</b> STAR PROPERTY VII, LLC																																																																																																																																			
<b>Principal Place of Business</b> 3750 WEST FLAGLER STREET MIAMI, FL 33134			<b>Mailing Address</b> 3750 WEST FLAGLER STREET MIAMI, FL 33134																																																																																																																																
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																																																																																																																
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<b>4. FEI Number</b> 20-1975542				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
NICOLAS ESTRELLA, JR, P.A. 3750 WEST FLAGLER STREET MIAMI, FL 33134			Name Street Address (P.O. Box Number Is Not Acceptable) City FL    Zip Code																																																																																																																																
<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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																																																																																			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 45%; padding: 5px;">MGR</td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">ESTRELLA, NICOLAS</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;">000000534547</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">3750 WEST FLAGLER STREET</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;">05/08/06-80016-013 50.00</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">MIAMI, FL 33134</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	ESTRELLA, NICOLAS		NAME	000000534547		STREET ADDRESS	3750 WEST FLAGLER STREET		STREET ADDRESS	05/08/06-80016-013 50.00		CITY-ST-ZIP	MIAMI, FL 33134		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			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		
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<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>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date: 04/15/06    Daytime Phone #: 305-6432829																																																																																																																																			