


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90014 038 \*\*\*\*50.00

|  |                              |  |  |  |                                   |
|--|------------------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # L05000083960</b>   |                              |  |  |         |                                   |
| 1. Entity Name<br>DAYSTAR PROPERTIES-CR, LLC   |                              |  |  |  |                                   |
| Principal Place of Business<br>1199 HILLSBORO MILE UNIT 129<br>HILLSBORO BEACH, FL 33062   |                              |  | Mailing Address<br>1199 HILLSBORO MILE UNIT 129<br>HILLSBORO BEACH, FL 33062 |  |                                   |
| 2. Principal Place of Business   |                              | 3. Mailing Address                                       |  |  |                                   |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.                                      |  |  |                                   |
| City & State   |                              | City & State   |  | 04192006 Chg-LLC CR2E083 (11/05)   |                                   |
| Zip  |                              | Country  |  | 4. FEI Number<br><b>20-3544319</b>   |                                   |
|  |                              |  |  | Applied For<br>Not Applicable  |                                   |
|  |                              |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent  |                              |  | 7. Name and Address of New Registered Agent                                  |  |                                   |
| RIFKA, MARWAN<br>1199 HILLSBORO MILE UNIT 129<br>HILLSBORO BEACH, FL 33062   |                              |  | 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>  |                              | <b>Make check payable to Florida Department of State</b> |  |  |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                              |  | 10. ADDITIONS/CHANGES  |  |                                   |
| TITLE  | MGRM                         | <input type="checkbox"/> Delete                          | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | GLOBAL ASSET MANAGEMENT, LLC |  | NAME   |  |                                   |
| STREET ADDRESS   | PO BOX 158                   |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | GRANDVILLE, MI 494680158     |  | 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  |  |                                   |
| 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: <i>Patricia Phan, Manager</i>   |                              | Date: <i>4/24/06</i>                                     |  | Daytime Phone #: <i>616-534-8100</i>   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                              |  |  |  |                                   |