2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000083960

Entity Name

DAYSTAR PROPERTIES-CR, LLC



FILED Sep 05, 2007 08:00 A Secretary of State

Principal Place of Business

1199 HILLSBORO MILE UNIT 129 HILLSBORO BEACH, FL 33062 Mailing Address

1199 HILLSBORO MILE UNIT 129 HILLSBORO BEACH, FL 33062



08242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3544319

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIFKA, MARWAN 1199 HILLSBORO MILE UNIT 129 HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

		•
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		
Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
ing Fee is \$50.00 by September 14, 2007		
MANAGING MEMBERS/MANAGERS		
MGRM		
GLOBAL ASSET MANAGEMENT, LLC		
PO BOX 158	· ·	
GRANDVILLE, MI 494680158		
		11000000770070
		U00000773275 09/05/07-80005-004 50.00
		03/03/01/00003/004 30.00
•		
		•
•	l DC	NOT WRITE
		NO! WINIE
	i iN	THIS SPACE
	1 ""	
•		,
	Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBERS/MANAGERS MGRM GLOBAL ASSET MANAGEMENT, LLC PO BOX 158	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBERS/MANAGERS MGRM GLOBAL ASSET MANAGEMENT, LLC PO BOX 158 GRANDVILLE, MI 494680158

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MANAGER (616)5