

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90053 036 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                     |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DOCUMENT # L05000101212</b><br>1. Entity Name<br><b>STAR CONNECT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                     |                                                                                                                                                                                                                                       |  |                                                       |
| Principal Place of Business<br><b>601 CLEVELAND STREET<br/>STE. 320<br/>CLEARWATER, FL 33755</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                     | Mailing Address<br><b>601 CLEVELAND STREET<br/>STE. 320<br/>CLEARWATER, FL 33755</b>                                                                                                                                                  |                                                                                   |                                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | 3. Mailing Address  |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | Suite, Apt. #, etc. |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | City & State        |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                | Zip                 | Country                                                                                                                                                                                                                               |                                                                                   |                                                       |
| 4. FEI Number<br><b>20-3810289</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                     |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                     |                                                                                                                                                                                                                                       | <b>\$5.00 Additional Fee Required</b>                                             |                                                       |
| 6. Name and Address of Current Registered Agent<br><br><b>BUCK, ROBERT<br/>601 CLEVELAND STREET<br/>STE. 320<br/>CLEARWATER, FL 33755</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |                                                       |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                     |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                     |                                                                                                                                                                                                                                       | <b>Make check payable to<br/>Florida Department of State</b>                      |                                                       |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                     | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                 |                                                                                   |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>PEABODY, TIMOTHY P<br/>2030 MAIN STREET, STE. 320<br/>IRVINE, CA 92614</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| 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 606, Florida Statutes. |                                                                                                                        |                     |                                                                                                                                                                                                                                       |                                                                                   |                                                       |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                     | <b>4/19/06</b>                                                                                                                                                                                                                        |                                                                                   | <b>727-461-2100</b><br><small>Daytime Phone #</small> |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                     |                                                                                                                                                                                                                                       |                                                                                   |                                                       |