

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059044

FILED
Jan 24, 2007
Secretary of State

Entity Name: STATE TRUST ASSET RECOVERY, LLC

Current Principal Place of Business:

4509 NW 23RD AVE SUITE 17
GAINESVILLE, FL 326066570

New Principal Place of Business:

4509 NW 23RD AVE
SUITE 17
GAINESVILLE, FL 326066570

Current Mailing Address:

4509 NW 23RD AVE SUITE 17
GAINESVILLE, FL 326066570

New Mailing Address:

4509 NW 23RD AVE
SUITE 17
GAINESVILLE, FL 326066570

FEI Number: 20-4978604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, C. TOM
4509 NW 23RD AVE SUITE 17
GAINESVILLE, FL 326066570 US

Name and Address of New Registered Agent:

ALLEN, C. TOM
4509 NW 23RD AVE
SUITE 17
GAINESVILLE, FL 326066570 US

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.

SIGNATURE: _____

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN, C. TOM
Address: 4509 NW 23RD AVE SUITE 17
City-St-Zip: GAINESVILLE, FL 326066570

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: ALLEN, C. TOM
Address: 4509 NW 23RD AVE SUITE 17
City-St-Zip: GAINESVILLE, FL 326066570

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. TOM ALLEN

CFO

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date