

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 038 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000059044 1. Entity Name STATE TRUST ASSET RECOVERY, LLC					
Principal Place of Business 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570			Mailing Address 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 357576			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 17			
City & State		City & State GAINESVILLE FL		02142008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-4978604	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, C. TOM 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570			7. Name and Address of New Registered Agent 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 C. TOM ALLEN DATE 2/14/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALLEN, C. TOM 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 326066570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALLEN, C. TOM 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT M. MISTY ALLEN 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JONATHAN D. ALLEN 4509 NW 23RD AVE SUITE 17 GAINESVILLE, FL 32606-6570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 608, Florida Statutes.					
SIGNATURE:			C. TOM ALLEN 1/14/2007 352-373-7827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

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