

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 025 ****50.00

DOCUMENT # L99000000716

1. Entity Name
STARFISH SERVICES, LLC

Principal Place of Business 11232 TAMiami TRAIL N NAPLES FL 34110	Mailing Address 11232 TAMiami TRAIL N NAPLES FL 34110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 267 N. COLLIER BLVD	3. Mailing Address 267 N. COLLIER BLVD.
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Suite, Apt. #, etc. #204	Suite, Apt. #, etc. #204
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City & State MARCO ISLAND	City & State MARCO ISLAND, FL
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4. FEI Number 59-3553849	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip FL 34145	Country US	Zip 34145	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROLLER, WALTER~~
 11232 TAMiami TRAIL N
 NAPLES FL 34110

Name **ROLLER, WALTER**
 Street Address (P.O. Box Number is Not Acceptable)
267 N. COLLIER BLVD #204
 City **MARCO ISLAND** FL Zip Code **34145**

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.

SIGNATURE *W. Roller* **WALTER ROLLER** **04-08-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM E.V.S. VACANCES SYSTEM BERGE & MEER ROEMERGRABEN 5 58579 RENGS DORF, GERMANY <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	MGRM COAST TO COAST INVESTMENTS GROUP, INC. 11232 TAMiami TRAIL NORTH NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COAST TO COAST REALTY 267 N. COLLIER BLVD #204 MARCO ISLAND, FL 34145
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
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 exemption stated in Section 119.07(3)(i), 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: *W. Roller* **WALTER ROLLER** **04-08-02** **239-513-9398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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CR2E083 (9/01)