


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90189 025 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L02000020241</b><br>1. Entity Name<br>TETRA STAR, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>16105 N.E. 18TH AVENUE<br>NORTH MIAMI BEACH, FL 33162 | Mailing Address<br>16105 N.E. 18TH AVENUE<br>NORTH MIAMI BEACH, FL 33162 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC      CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>14-1855784                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

RONES, VICTOR K  
16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

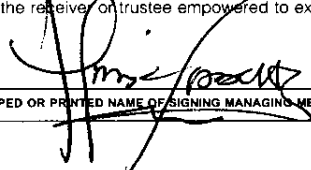
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SZARF, MAXIM<br>21200 NE 38 AVE, # 1504<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SZARF, ROSA<br>21200 NE 38 Ave, #1504<br>Aventura, FL 33180   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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: X**  **3/5/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #