


**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      Mailing Address  
 4509 NW 23RD AVE      4509 NW 23RD AVE  
 SUITE 17      SUITE 17  
 GAINESVILLE, FL 32606-6570      GAINESVILLE, FL 32606-6570

**60009363**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      PO BOX 357576  
 City & State      Suite 17  
 GAINESVILLE FL

02142008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
 20-4978604      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ALLEN, C. TOM**  
 4509 NW 23RD AVE  
 SUITE 17  
 GAINESVILLE, FL 32606-6570

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

**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

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #