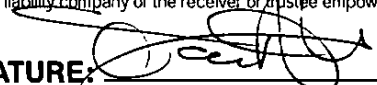


FILED
Feb 20, 2008 8:00 am
Secretary of State

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	
-				Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
32635-7576		USA			
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)				DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
				352-373-7827	

60009363

