


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

02-20-2008 90024 038 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L06000059044</b>   |  |         |   |
| 1. Entity Name<br><b>STATE TRUST ASSET RECOVERY, LLC</b>   |  |  |   |
| Principal Place of Business<br>4509 NW 23RD AVE<br>SUITE 17<br>GAINESVILLE, FL 32606-6570  |  | Mailing Address<br>4509 NW 23RD AVE<br>SUITE 17<br>GAINESVILLE, FL 32606-6570            |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>PO BOX 357576  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br>SUITE 17  |   |
| City & State   |  | City & State<br>GAINESVILLE FL   |   |
| Zip  | Country  | Zip  | Country   |
| -  |  | 32635-7576   | USA   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| ALLEN, C. TOM<br>4509 NW 23RD AVE<br>SUITE 17<br>GAINESVILLE, FL 32606-6570  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <b>C. TOM ALLEN</b>  |  | DATE <b>2/14/2007</b>  |   |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)                             |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                       |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CFO<br>ALLEN, C. TOM<br>4509 NW 23RD AVE SUITE 17<br>GAINESVILLE, FL 326066570 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRESIDENT<br>ALLEN, C. TOM<br>4509 NW 23RD AVE SUITE 17<br>GAINESVILLE, FL 32606-6570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VICE PRESIDENT<br>M. MISTY ALLEN<br>4509 NW 23RD AVE SUITE 17<br>GAINESVILLE, FL 32606-6570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VICE PRESIDENT<br>JONATHAN D. ALLEN<br>4509 NW 23RD AVE SUITE 17<br>GAINESVILLE, FL 32606-6570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |   |
|  |  | 1/14/2007  |   |
|  |  | 352-373-7827   |   |
|  |  | Daytime Phone #  |   |

**60009363**



02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4978604 Applied For Not Applicable

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