

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90042 010 ****50.00

DOCUMENT # L02000026759



1. Entity Name
STARDUST PROPERTIES LLC

Principal Place of Business Mailing Address
18160-B COLLINS AVENUE 18160-B COLLINS AVENUE
SUNNY ISLES FL 33160 SUNNY ISLES FL 33160

20020441



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **18160 Collins Avenue**
Suite, Apt. #, etc. **Suite # 2**
City & State **Sunny Isles**

3. Mailing Address **18160 Collins Avenue**
Suite, Apt. #, etc. **Suite # 2**
City & State **Sunny Isles**

4. FEI Number **54-2077242** Applied For
Not Applicable

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

Zip **33160** Country Country Zip **33160** Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW STAR UNITED, INC.
18160-B COLLINS AVENUE
SUNNY ISLES FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEW STAR UNITED INC. 18160-B COLLINS AVENUE SUNNY ISLES FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18160 Collins Avenue Suite #2 <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	<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
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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: Edward R Goykhman 01-27-03 305-692-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)