

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000000804**

1. Entity Name  
**STAR RUSH VIERA, LLLP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JAN 19 AM 9:38

Principal Place of Business  
**931 STRATFORD PLACE  
 MELBOURNE, FL 32940**

Mailing Address  
**931 STRATFORD PLACE  
 MELBOURNE, FL 32940**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2825 Business Center Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#B5**

01092007

Chg-LP

CR2E003 (12/06)

City & State

City & State

**Melbourne FL**

4. FEI Number

**20-5083367**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32940**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, BARRY F  
 931 STRATFORD PLACE  
 MELBOURNE, FL 32940**

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.

**300085839393**

**01/23/07--01017--016 \*\*500.00**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	<b>RICHARDSON, BARRY F</b>
STREET ADDRESS	<b>931 STRATFORD PLACE</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
DOCUMENT #	
NAME	<b>KENDUST, RICK A</b>
STREET ADDRESS	<b>7630 N. WICKHAM ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
DOCUMENT #	
NAME	<b>BIERNING, EUGENE K</b>
STREET ADDRESS	<b>215 BAYTREE DRIVE</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **Barry Richardson** **1-15-07** **321-254-9145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #