

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000804

1. Entity Name
STAR RUSH VIERA, LLLP



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

Mailing Address
**2825 BUSINESS CENTER BLVD
 SUITE B5
 MELBOURNE, FL 32940**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-5083367

Applied For

Not Applicable

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.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, 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

STREET ADDRESS

CITY-ST-ZIP

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**500116634525
 02/01/08--01004--010 **500.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**KENDUST, RICK A
 7630 N. WICKHAM ROAD, SUITE 102
 MELBOURNE, FL 32940**

STREET ADDRESS

CITY-ST-ZIP

**3507 Cappio Drive
 Melbourne, FL 32940**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BIERNING, EUGENE K
 215 BAYTREE DRIVE
 MELBOURNE, FL 32940**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-21-08

STAPLE CHECK HERE



FILED

08 JAN 30 PM 4:02

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**