

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 024 ****50.00

DOCUMENT # L00000001062

1. Entity Name
FOUR STAR, L.L.C.



Principal Place of Business
4507 FURLING UNIT 213
DESTIN, FL 32541

Mailing Address
4507 FURLING UNIT 213
DESTIN, FL 32541

24063827

2. Principal Place of Business
165 Crest Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5708
Suite, Apt. #, etc.



04262004 Chg-LLC CR2E083 (10/03)

City & State
Destin FLORIDA
Zip 32550
~~32541~~ Country Okaloosa

City & State
Destin Florida
Zip 32541
Country Okaloosa

4. FEI Number
59-3628617
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, JAMES A
4507 FURLING UNIT 213
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name James A Sharpe
Street Address (P.O. Box Number is Not Acceptable)
165 Crest Drive
City Destin FL Zip Code 32550

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 _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ASSET RESOURCE MANAGEMENT, INC.
STREET ADDRESS 4507 FURLING UNIT 213
CITY-ST-ZIP DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ASSET RESOURCE MANAGEMENT, INC.
STREET ADDRESS 165 CREST DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: James A Sharpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/04 850 650-3977
Date Daytime Phone #