

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000002545

FILED
Dec 13, 2006
Secretary of State**Entity Name:** STARLINE ONLINE SHIPPING LLC**Current Principal Place of Business:**4397 N. STATE RD. SEVEN
LAUDERDALE LAKES, FL 33319 US**New Principal Place of Business:**5007 SAGO PALM CIRCLE
TAMARAC, FL 33319 US**Current Mailing Address:**4901 UMBRELLA TREE LANE
TAMARAC, FL 33319**New Mailing Address:**4901 UMBRELLA TREE LANE
TAMARAC, FL 33319 US**FEI Number:** 65-0988173**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EARLE, STAFFORD
4901 UMBRELLA TREE LANE
TAMARAC, FL 33319 US**Name and Address of New Registered Agent:**EARLE, STAFFORD
5007 SAGO PALM CIRCLE
TAMARAC, FL 33319 US

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.

SIGNATURE: STAFFORD EARLE

12/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EARLE, STAFFORD
Address: 4901 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319 US

Title: MGR () Delete
Name: EARLE, LISA A
Address: 4901 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319 US

Title: MGR (X) Delete
Name: EARLE, SIMONE
Address: 4901 UMBRELLA TREE LN.
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGR (X) Delete
Name: STRIEMER, NATHAN
Address: 4901 UMBRELLA TREE LN.
City-St-Zip: TAMARAC, FL 33319 US

Title: MGR (X) Delete
Name: EARLE, JASON
Address: 4901 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319

Title: MGR (X) Delete
Name: EARLE, STEPHEN
Address: 4901 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EARLE, SIMONE
Address: 4901 UMBRELLA TREE LN
City-St-Zip: TAMARAC, FL 33319 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STAFFORD EARLE

MGRM

12/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date