## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO'NOT WRITE IN THIS SPACE

D12095

**DOCUMENT # L00000004533** 

1. Entity Name HIGHMARK TRADE LC

FILED May 03, 2005 08:00 AM Secretary of State

Principal Place of Business

1220 N. MARKET STREET, STE. 606 WILMINGTON, DE 19801-2598 Mailing Address

1220 N. MARKET STREET, STE. 606 WILMINGTON, DE 19801-2598



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC. 1333 N. DUVAL ST. TALLAHASSEE, FL 32303		,	DO NOT WRITE IN THIS SPACE		
3. 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.	(NOTE, Registered Agent signature required when reinstating)	DATE		
	iling Fee is \$50.00 ue by May 1, 2005		U00000361065 05/05/05-80062-001 400.00	-	
9.	MANAGING MEMBERS/MANAGERS		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SATURN INVESTMENT GROUP, S.A. STE 302 EAST BLDG 34/20 CUBA AVE & 34 ST PANAMA CITY 5 PANAMA,			•	
TITLE NAME	MBR STAR GROUP FINANCE AND HOLDINGS, INC.				

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SATURN INVESTMENT GROUP, S.A. STE 302 EAST BLDG 34/20 CUBA AVE & 34 ST PANAMA CITY 5 PANAMA, MBR	
NAME STREET ADDRESS CITY-ST-ZIP	STAR GROUP FINANCE AND HOLDINGS, INC.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby o	ertify that the information supplied with this filing does not qualify for the exen	option stated in Section 119.07(3)(i),

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALLOTTICY-IN-Fact of Me

Attorney-In-Fact of Member

4/28/05

302-421-575

Daytime Phone #