## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM Secretary of State

DOCUME	NT #1	000000	15065
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1. Entity Name

STARFORD HOLDINGS, LC



Principal Place of Business

1300 BRICKELL AVE. MIAMI, FL 33131 Mailing Address

1300 BRICKELL AVE. MIAMI, FL 33131



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
65-1061774	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGORS 1300 BRICKELL AVE MIAMI, FL 33131

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N

## DO NOT WRITE IN THIS SPACE

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	(NOTE, Registered Agent signature required when reinstating)	OATE		
	Signature, typed or printed reams or registered agont and sine it applicable	(NOTE: Regis(ered Agent signature required when reinstating)	DATE		
Fi D	lling Fee Is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFORTUNA, EDGARDO 1300 BRICKELL AVE MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000679446 04/03/07-80038-013 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not on this report is true and accurate and that my signature should company or the receiver or true empowered to execute the company or the receiver or true true empowered to execute the company or the receiver or true that the company or the comp	ualify for the exemptions contained in Chapter 119, all have the same legal effect as if made under oath ute this report as required by Chapter 608, Florida	Florida Statutes. I further certify that the information i; that I am a managing member or manager of the Statutes.		

MEMBER, OR AUTHORIZED REPRESENTATIVE