

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015261

Entity Name: STARR STABLES, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

1560 GULF BLVD.
CLEARWATER, FL 33767 US

New Principal Place of Business:

1560 GULF BLVD. 907
CLEARWATER, FL 33767 US

Current Mailing Address:

P O BOX 68
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3692804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, T. STARR
12801 COMMODITY PLACE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

PORTER, T. STARR
1560 GULF BOULEVARD #907
CLEARWATER, FL 33767 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: T. STARR PORTER

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: T. STARR PORTER,
Address: P O BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T () Delete
Name: PORTER, CHARLES G
Address: PO BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S () Delete
Name: PORTER, J. K.
Address: 4418 N.B. STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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: T. STARR PORTER

P

01/18/2006

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