2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L00000015261

Entity Name: STARR STABLES, LLC

Current Principal Place of Business:

1560 GULF BLVD. 907
CLEARWATER, FL 33767 US

New Principal Place of Business:

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
1560 GULF BOULEVARD #907
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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: _____

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 01/08/2007

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