

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001755

FILED
May 02, 2005
Secretary of State

Entity Name: STAR AUTO FINANCE, LLC

Current Principal Place of Business:

1137 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324

Current Mailing Address:

1137 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304

New Mailing Address:

801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324

FEI Number: 65-1074581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SZAPIRO, URI
1137 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SZAPIRO, URI
801 S. UNIVERSITY DRIVE
A-101
PLANTATION, FL 33324 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: _____

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SZAPIRO, URL
Address: 1640 SWEETBAY WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: SZAPIRO, DOV
Address: 1000 ISLAND BLVD. #302
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SZAPIRO, URI
Address: 1640 SWEETBAY WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM (X) Change () Addition
Name: SZAPIRO, DOV
Address: 19963 NE 19TH PL.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOV SZAPIRO

MGRM

05/02/2005

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