

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

A12729

**FILED**

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

**DOCUMENT # L01000002682**

1. Entity Name  
COMTRANS L.L.C.



Principal Place of Business  
1333 N. DUVAL ST.  
TALLAHASSEE, FL 32303

Mailing Address  
1333 N. DUVAL ST.  
TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 DUVAL STREET  
TALLAHASSEE, FL 32302

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

1100000361071  
05/05/05-80062-001 400.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAR GROUP FINANCE AND HOLDINGS, INC. EAST BUILDING NO. 34/20 SUITE 302 PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORLD FUND, INC. EAST BUILDING NO. 34/20 SUITE 302 PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Attorney-In-Fact of Member**

4/28/05

302-421-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #