2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010442

1. Entity Name
STARLA SECOND, LLC



Principal Place of Business

3349 NE 33RD STREET FORT LAUDERDALE, FL 33305 Mailing Address

3349 NE 33RD STREET FORT LAUDERDALE, FL 33305

FILED May 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1155214 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

RONCATTI, NELIDA S 3349 NE 33RD STREET FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of changin the obligations of registered agent. | ng its registered office or registered agent, or both, in the State of Flor | da. I am familiar with, and accept | |
|---|--|------------------------------------|--|
| SIGNATURE | OVOTE Providence & Providence and Pr | DATE | |

Filing Fee is \$50.00 Due by September 8, 2004

| 9. | 9. MANAGING MEMBERS/MANAGERS | | |
|---|--|--|--|
| TITLE NAME SIREET ADDRESS CITY-SI-ZIP | MGRM RONCATTI, NELIDA S 3349 NE 33RD STREET FORT LAUDERDALE, FL 33305 | | |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RONCATTI, SHARON L 3349 NE 33RD STREET FORT LAUDERDALE, FL 33305 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| NAME NAME STREET ADDRESS CITY-SY-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | | |
| TIFLE NAME STREET ADDRESS CITY-ST ZIP | | | |

U00000161570 05/27/04-80001-004 50.00

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)(i), 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: AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

12/04

954-165-6930

e .