2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L01000015973

Entity Name: STARR REALTY OSCEOLA NO. 7, LLC

Current Principal Place of Business:

910 NE 2ND AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

3498 HARBOR CIRCLE
DELRAY BEACH, FL 33483

Current Mailing Address:

910 NE 2ND AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

3498 HARBOR CIRCLE
DELRAY BEACH, FL 33483

FEI Number: 65-1138220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIGANTE, CLAUDE
910 NE 2ND AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

BRIGANTE, CLAUDE
3498 HARBOR CIRCLE
DELRAY BEACH, FL 33483 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: _____ 04/26/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BRIGANTE, CLAUDE A
Address: 910 NE 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRIGANTE, CLAUDE A
Address: 3498 HARBOR CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR ( ) Change (X) Addition
Name: DEPPE, HENRY A
Address: 2108 DEVONSHIRE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: CLAUDE A BRIGANTE MGRM 04/26/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date