LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
07-11-2002 90252 004 ****50.00

1. Entity Name: L01000018196
EAST STAR TRUST LLC

DO NOT WRITE IN THIS SPACE

970116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2328 10th Ave. No.	2328 10th Ave. No.
Suite, Apt. #, etc.: Suite 403	Suite, Apt. #, etc.: Suite 403
City & State: LAKE Worth, FL	City & State: LAKE WORTH, FL
Zip: 33461-6606 Country: U.S.A.	Zip: 33461-6606 Country: U.S.A.

4. FEI Number: 65-1148756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rukin, Roger

Street Address (P.O. Box Number is Not Acceptable): 2328 10th Ave. No., Suite 403

City: LAKE WORTH FL Zip Code: 33461-6606

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER MEMBER
NAME	JAMES B. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE. NO. SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
TITLE	MANAGER MEMBER
NAME	JULIA R. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10th AVE. No. SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
TITLE	MANAGER
NAME	ROGER B. RUKIN
STREET ADDRESS	2328 10th AVE. No. Suite 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
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CR2E083B (12/01)

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: _____ 6/26/02 561-586-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #