2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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1. Entity Name
SOUTH STAR TRUST, LLC

Principal Place of Business	Mailing Address
2328 TENTH AVENUE NORTH, STE. 403 LAKE WORTH, FL 33461-6606	2328 TENTH AVENUE NORTH, STE. 403 LAKE WORTH, FL 33461-6606

DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1148755

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RUKIN, ROGER
2328 TENTH AVENUE NORTH, STE. 403
LAKE WORTH, FL 33461-6606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JAMES B. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE N STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGRM
NAME	JULIA R. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE N STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGR
NAME	RUKIN, ROGER B
STREET ADDRESS	2328 10TH AVE N STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80023-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #