

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90431 013 \*\*\*\*50.00

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1. Entity Name

WEST STAR TRUST, LLC



Principal Place of Business

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

Mailing Address

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

24021038



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**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1148749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 00000000  
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6. Name and Address of Current Registered Agent

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

**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 re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME JAMES B RUKIN REVOCABLE TRUST  
STREET ADDRESS 2328 10TH AVE. NO. STE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGRM  
NAME JULIA R. RUKIN REVOCABLE TRUST  
STREET ADDRESS 2328 10TH AVE. NO STE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGR  
NAME RUKIN, ROGER B  
STREET ADDRESS 2328 10TH AVE. NO STE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

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

ROGER B. RUKIN 3-8-04 561 586-0100

Date

Daytime Phone #