



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000018627</b> 1. Entity Name <b>STAR MANAGEMENT, LLC</b>	
---	---

Principal Place of Business <b>1003 GREENRIDGE ROAD JACKSONVILLE, FL 32207</b>	Mailing Address <b>PO BOX 217 PENFIELD, NY 14526</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
02212007 No Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>90-0023293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHMIDT, KENT H 1003 GREENRIDGE ROAD JACKSONVILLE, FL 32207</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>	
-----------------------------------	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGERON, BRIAN 4 D'ANGELO DR. WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, KENT H 1003 GREENRIDGE RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAY, EVERETTE 1026 RIVIERA STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, MICHAEL 1003 GREENRIDGE RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000650410 03/08/07-80012-016 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:** Brian Bergeron **2-21-07** **585-744-6789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #