2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L02000008152

Entity Name: STARPOINT SALES, LLC

Current Principal Place of Business:

STARPOINT SALES
253 N 18TH AVE
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

STARPOINT SALES
253 N 18TH AVE
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 02-0584193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCAW, GINEL
133 CROSS ONE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

MCCAW, GINEL
133 CROSSCOVE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MCCAW, GINEL
Address: 133 CROSS ONE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: MCCAW, GREGG
Address: 133 CROSS ONE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCAW, GINEL
Address: 133 CROSSCOVE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Change ( ) Addition
Name: MCCAW, GREGG
Address: 133 CROSSCOVE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GINEL MCCAW MGR 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date