


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014030

1. Entity Name
STAR PROPERTY MANAGEMENT, LLC



| | |
|---|---|
| Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 | Mailing Address P.O. BOX 5299 TAMPA, FL 33675-5299 |
|---|---|

DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 02-0629898 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**HARRIS, TRACY J JR.
 9625 ALONZO ROAD
 RIVERVIEW, FL 33569**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602 |
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 04/29/04-80089-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Tracy J Harris* **4/26/04** **813/621-7454**

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