


**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 <b>9625 WES KEARNEY WAY          RIVERVIEW, FL 33569</b>	Mailing Address <b>P.O. BOX 5299          TAMPA, FL 33675-5299</b>
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0629898</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

**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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1100000138635  
 04/29/04-80089-002 50.00

**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)(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 #