


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 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**

01182005 No Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 02-0629898 Applied For: 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRIS, TRACY J JR
STREET ADDRESS	701 INDIANA AVENUE
CITY-ST-ZIP	PALM HARBOR, FL 34883
TITLE	MGRM
NAME	KEARNEY, BING
STREET ADDRESS	911 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000343892  
 04/29/05-80115-012 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:  Date: 4/27/05 Daytime Phone #: 813-621-7454