

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


1083

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90041 043 ****50.00

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04072006 Chg-LLC CR2E083 (11/05)

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**

7. Name and Address of New Registered Agent

Name
REED, JAMES M

Street Address (P.O. Box Number is Not Acceptable)
9625 WES KEARNEY WAY

City
RIVERVIEW FL Zip Code
33569

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 *James M Reed* DATE 4/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tracy J Harris Jr* **TRACY J. HARRIS, JR** 4/12/06

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