

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-14-2003 90067 026 ****50.00

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1. Entity Name
STAR PROPERTY MANAGEMENT, LLC

Principal Place of Business
9625 ALONZO ROAD
RIVERVIEW FL 33569

Mailing Address
P.O. BOX 5299
TAMPA FL 33675-5299



2. Principal Place of Business
9625 Wes Kearney Way

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

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0629898

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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
Street Address (P.O. Box Number is Not Acceptable)
9625 Wes Kearney Way
City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
MGRM Tracy J. Harris, Jr.
STREET ADDRESS 701 Indiana Avenue
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
MGRM Bing Kearney
STREET ADDRESS 911 Seddon Cove Way
CITY-ST-ZIP Tampa, FL 33602

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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.* **RETRACED** Harris, Jr 2/16/03 813/621-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)