

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 025 ****50.00

DOCUMENT # L02000022914

1. Entity Name
TWO STAR, L.L.C.



Principal Place of Business
4507 FURLING LANE STE. 213
DESTIN, FL 32541

Mailing Address
P.O. BOX 5708
DESTIN, FL 32540



2. Principal Place of Business
165 Crest Drive

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

04262004 Chg-LLC CR2E083 (10/03)

City & State
Destin Florida

City & State

4. FEI Number
56-2291584

Applied For
Not Applicable

Zip *32550*

Country
Okaloosa

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARPE, JAMES A
4507 FURLING LANE STE. 213
~~DESTIN, FL 32541~~

Name

Street Address (P.O. Box Number is Not Acceptable)

165 Crest Drive

City
Destin

FL

Zip Code
32550

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHARPE, JAMES A
4507 FURLING LANE STE. 213
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JAMES A SHARPE
165 Crest Drive
Destin FL ~~32541~~ 32550 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

James A Sharpe

4/30/04

850 650-3977