

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90098 023 \*\*\*\*55.00

<b>DOCUMENT # L02000023130</b>																													
<b>1. Entity Name</b> STAR TITLE AGENCY, LLC																													
<b>Principal Place of Business</b> 9735 U.S.HWY 19 PORT RICHEY, FL 34668			<b>Mailing Address</b> 9735 U.S.HWY 19 PORT RICHEY, FL 34668																										
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.																										
<b>City &amp; State</b>			<b>City &amp; State</b>																										
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 55-0795224																									
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  DWYER, MARGARET L 9735 U.S. HWY 19 PORT RICHEY, FL 34668				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																									
<b>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.</b> SIGNATURE <i>Margaret L Dwyer</i>				DATE <i>4-21-2005</i>																									
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>																									
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>																									
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<b>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.</b>																													
SIGNATURE <i>Margaret L Dwyer</i>				DATE <i>4-21-2005</i>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>727-8625003</i>																									

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