


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 02000023865 <small>1. Entity Name</small> STAR RESIDENCE LLC	
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<small>Principal Place of Business</small> 16831 ROYAL POINCIANA DRIVE WESTON, FL 33326	<small>Mailing Address</small> 16831 ROYAL POINCIANA DRIVE WESTON, FL 33326
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07242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 14-1847722	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> VIVIES, PATRICK 700 E. DANIA BEACH BLVD., SUITE 202 DANIA, FL 33004

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<small>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.</small>
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000772839
08/28/07-80005-025 50.00

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR BRUNO, PATRICIA 16831 ROYAL POINCIANA DRIVE WESTON, FL 33326
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR ZIMMER, NATHALIE 16831 ROYAL POINCIANA DRIVE WESTON, FL 33326
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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<small>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</small>
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small> _____ <small>Daytime Phone #</small> _____