


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 046 ****50.00

DOCUMENT # L02000024823	
1. Entity Name FLORIDA STARR VILLAS, LLC	

Principal Place of Business 3501 W. VINE STREET SUITE 258 KISSIMMEE, FL 34741	Mailing Address 3501 W. VINE STREET SUITE 258 KISSIMMEE, FL 34741
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24000732



2. Principal Place of Business 7728 WINDBREAK RD POB 691471	3. Mailing Address 7728 WINDBREAK RD POB 691471
Suite, Apt. #, etc. 02	Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819	Zip 32869
Country USA	Country US

4. FEI Number 02-0643716	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAZZOPINA, PETER 3501 W. VINE STREET SUITE 258 KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent Name ROBERTA STARR Street Address (P.O. Box Number is Not Acceptable) 7728 WINDBREAK RD City ORLANDO FL 32819	
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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 <u><i>Roberta Starr</i></u> DATE <u>1/8/04</u> <small>Signature, typed or printed name of registered agent and the filer (if applicable). (NOTE: Registered Agent signature required when resigning).</small>	
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STARR, ROBERTA 7728 WINDBREAK ROAD ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAZZOPINA, PETER 1507 BLACK BEAR ROAD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Roberta Starr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/8/04</u> <u>407-483-7827</u> <small>Date Daytime Phone #</small>
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