2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90042 010 ****50.00

DOCUMENT # L02000026759

1. Entity Name
STARDUST PROPERTIES LLC

Principal Place of Business	Mailing Address
18160-B COLLINS AVENUE SUNNY ISLES FL 33160	18160-B COLLINS AVENUE SUNNY ISLES FL 33160

20020441

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
18160 Collins Avenue	18160 Collins Avenue
Suite, Apt. #, etc.: Suite #2	Suite, Apt. #, etc.: Suite #2
City & State: Sunny Isles	City & State: Sunny Isles
Zip: 33160 Country:	Zip: 33160 Country:

4. FEI Number 54-2077242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEW STAR UNITED, INC.
18160-B COLLINS AVENUE
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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 STREET ADDRESS CITY-ST-ZIP	MGRM NEW STAR UNITED INC. 18160-B COLLINS AVENUE SUNNY ISLES FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18160 Collins Avenue Suite #2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Edward R Goykhman 01-27-03 305-692-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #