2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008585

1. Entity Name STARKS HOLDINGS, LLC



FILED Feb 04, 2008 08:00 All Secretary of State

Principal Place of Business

18557 S.W. 104 AVENUE

UNIT 2F

MIAMI, FL 33157

Mailing Address

18557 S.W. 104 AVENUE

UNIT 2F

MIAMI, FL 33157



DO NOT WRITE IN THIS SPACE

01022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2325366 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, STEVE 6753 S.W. 138 STREET MIAMI, FL 33158

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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

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|----------------------|
| TITLE | MGRM |
| NAME | STARK, STEVE |
| STREET ADDRESS | 6753 S.W. 138 ST |
| CITY-ST-ZIP | MIAMI, FL 33158 |
| TITLE | MGRM |
| NAME | STARK, MARGITA |
| STREET ADDRESS | 6753 S.W. 138 ST |
| CITY-ST-ZIP | MIAMI, FL 33158 |
| TITLE | MGRM |
| NAME | STARK, ALAN |
| STREET ADDRESS | 6363 S.W. 132 STREET |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | MGRM |
| NAME | STARK, DORENE |
| STREET ADDRESS | 6363 S.W. 132 STREET |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | , |
| TITLE | |
| NAME | |
| STREET ADDRESS | • • |
| CITY-ST-ZIP | |

HODDONS/S466 02/14/08-80010-013 138.75

DO NOT WRITE IN THIS SPACE

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.

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