


2004⁵ LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State


02-16-2004 90161 028 ****55.00

DOCUMENT # L03000012689	
1. Entity Name FOUR STAR PROPERTIES, LLC	

Principal Place of Business 4975 BONITA BEACH ROAD SUITE 307 BONITA SPRINGS FL 34103	Mailing Address 4975 BONITA BEACH ROAD SUITE 307 BONITA SPRINGS FL 34103
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2. Principal Place of Business 27749 FORESTER DRIVE Suite, Apt. #, etc.	3. Mailing Address 27749 FORESTER DRIVE Suite, Apt. #, etc.
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City & State BAREFOOT BEACH, FL.	City & State BAREFOOT BEACH, FL.
Zip 34134	Country USA

	
MOORE	CR2E083 (11/03)
4. FEI Number 56-2341222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GRIDER, CRAIG D ESQ. 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES FL FLORI-DA	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____	DATE _____

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CRAIG T. PALMER 27749 FORESTER DRIVE BAREFOOT BEACH, FL. 34134 <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
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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.	
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SIGNATURE: Craig T. Palmer	2/10/04 239-495-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #