

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012927**

1. Entity Name  
STAR TEQUESTA, LLC



Principal Place of Business  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

Mailing Address  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306



03022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1185631

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEAL, TIMOTHY  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$50.00  
Due by May 1, 2005

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NEAL, TIMOTHY  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NEAL, SHAYNA  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BERLIN ALTMAN, RICHARD  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALTMAN, ANDREA  
3300 NORTH FEDERAL HIGHWAY SUITE 250  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000270013  
03/19/05-80034-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

3-18-05 912-638-2511

Date

Daytime Phone #