

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90061 035 \*\*\*\*50.00

**DOCUMENT # L03000018911**

1. Entity Name  
**STARQUEST INVESTMENTS, LLC**



Principal Place of Business  
**5560 BATES STREET  
SEMINOLE, FL 33772 US**

Mailing Address  
**703 COURT STREET  
CLEARWATER, FL 33756 US**

**24058987**



2. Principal Place of Business  
**5560 BATES ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**703 COURT ST.**  
Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State  
**SEMINOLE, FL**

City & State  
**CLEARWATER, FL**

4. FEI Number  
**71-0948219**

Applied For  
Not Applicable

Zip  
**33772**

Country  
**US**

Zip  
**33756**

Country  
**US**

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

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

**JENNINGS, THOMAS C III  
703 COURT STREET  
CLEARWATER, FL 33756**

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
MARTIN R. DRILLICH  
5560 BATES ST.  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
ALLEN M. DRILLICH  
5560 BATES ST.  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOHN VASILAKIS DIRECTOR  
5560 BATES ST.  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

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

**4/27/04**

Date

**727-251-7444**

Daytime Phone #