


**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      Mailing Address

**5560 BATES STREET**      **703 COURT STREET**  
**SEMINOLE, FL 33772 US**      **CLEARWATER, FL 33756 US**

**24058987**



2. Principal Place of Business      3. Mailing Address

**5560 BATES ST.**      **703 COURT ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State      City & State

**Seminole, FL**      **Clearwater, FL**

4. FEI Number      Applied For

**71-0948219**      Not Applicable

Zip      Country      Zip      Country

**33772 US**      **33756 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      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIRECTOR	MARTIN R. DRILLICH	5560 BATES ST.	SEMINOLE, FL 33772	<input type="checkbox"/>
DIRECTOR	ALLEN M. DRILLICH	5560 BATES ST.	SEMINOLE, FL 33772	<input type="checkbox"/>
DIRECTOR	JENN VASILAKIS	5560 BATES ST.	SEMINOLE, FL 33772	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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       Date **4/27/04**      Daytime Phone # **727-251-7444**

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