


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
71-0948219

Applied For
 Not Applicable

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DRILLICH, MARTIN R
STREET ADDRESS	5560 BATES ST.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	MGR
NAME	DRILLICH, ALHEN M
STREET ADDRESS	5560 BATES ST.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	MGR
NAME	DRILLICH, GLORIA
STREET ADDRESS	5560 BATES ST.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date _____
 Debitors Phone # _____