


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000018911 1. Entity Name STARQUEST INVESTMENTS, LLC	
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Principal Place of Business 5560 BATES STREET SEMINOLE, FL 33772 US	Mailing Address 703 COURT STREET CLEARWATER, FL 33756 US
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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 <input type="checkbox"/>	\$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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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRILLICH, MARTIN R 5560 BATES ST. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRILLICH, ALHEN M 5560 BATES ST. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRILLICH, GLORIA 5560 BATES ST. SEMINOLE, FL 33772
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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 _____