


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90072 002 ****55.00

DOCUMENT # L03000019513					
1. Entity Name 3 STAR, LLC					
Principal Place of Business 2103 CORAL WAY, STE 302 MIAMI, FL 33145			Mailing Address 2103 CORAL WAY, STE 302 MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0078401	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, GUSTAVO 2103 CORAL WAY, STE 302 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name: JUANITA LOPEZ Street Address (P.O. Box Number is Not Acceptable): 2103 CORAL WAY, SUITE 302 City: MIAMI FL Zip Code: 33145	
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: <u>Juanita Lopez</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>01/20/04</u>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, GUSTAVO 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MYRIAM NARANJO 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JUANITA M 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, CARLOS G 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MARIA CAROLINA 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MARIA CAROLINA 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MARIA CAROLINA 2103 CORAL WAY, STE 302 MIAMI, FL 33145	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Juanita Lopez</u>			Date: <u>01/20/04</u>		Daytime Phone #: <u>305 285 5188</u>