

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021521

Entity Name: STAR CASTLES, L.L.C.

FILED  
Jun 14, 2007  
Secretary of State

## Current Principal Place of Business:

1301 RIVERPLACE BLVD.  
SUITE 2400  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

501 RIVERSIDE AVE.  
SUITE 800  
JACKSONVILLE, FL 32202

## Current Mailing Address:

1301 RIVERPLACE BLVD.  
SUITE 2400  
JACKSONVILLE, FL 32207

## New Mailing Address:

501 RIVERSIDE AVE.  
SUITE 800  
JACKSONVILLE, FL 32202

FEI Number: 16-1672313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HINCKLEY, ROB CPA  
1301 RIVERPLACE BLVD.  
SUITE 2400  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

HINCKLEY, ROB CPA  
501 RIVERSIDE AVE.  
SUITE 800  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: ROB HINCKLEY

06/14/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RILEY, D  
Address: 2820 SOUTH 124TH ST.  
City-St-Zip: WEST ALLIS, WI 53227

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: HINCKLEY, ROB  
Address: 501 RIVERSIDE AVE. SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D. RILEY

MGR

06/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date