


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90020 046 \*\*\*\*55.00

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<b>DOCUMENT # L03000024322</b> 1. Entity Name <b>SEVEN STARS ADVISORS, LLC</b>					
Principal Place of Business <b>15871 SW 14TH STREET PEMBROKE PINES, FL 33027</b>			Mailing Address <b>15871 SW 14TH STREET PEMBROKE PINES, FL 33027</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03112004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number <b>11-3696773</b>	
Zip		Country		5. Certificate of Status Desired <b>XX</b> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHARY, RANGA 15871 SW 14TH STREET PEMBROKE PINES, FL 33027</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager Ranga Chary 15871 SW 14th Street Pembroke Pines, FL 33027</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Ranga Chary</i>			04/15/2004 984-435-2280		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		