

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024322

FILED  
May 01, 2007  
Secretary of State

Entity Name: SEVEN STARS ADVISORS, LLC

## Current Principal Place of Business:

1430 SW 159 AVE  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

1480 NW 144 AV  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

1430 SW A59 AVE  
PEMBROKE PINES, FL 33027

## New Mailing Address:

1480 NW 144 AVE  
PEMBROKE PINES, FL 33028

FEI Number: 11-3696773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

CHARY, RANGA  
1430 SW 159 AVE  
PEMBROKE PINES, FL 33027      US

## Name and Address of New Registered Agent:

CHARY, RANGA  
1480 NW 144 AVE  
PEMBROKE PINES, FL 33028      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:

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: CHARY, RANGA  
Address: 15871 SW 14TH ST  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: CHARY, RANGA  
Address: 1480 NW 144 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: KE RANGA CHARY

MGR

05/01/2007

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