2005_LIMITED LIA_ILITY COMPANY

JRE: Lefange W Ranga SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

ANNUAL REPORT				. Aug 16, 2005 08:00 A
DOCUMENT # L03000024325				Secretary of State
1. Entity Name SEVEN STARS CAPITAL MANAGEMENT, LLC				
)	TARGOAI TIME MANAGER			
Principal Place	of Business	-Mailing Address		_
15871 SW 14 PEMBROKE P	ITH STREET INES, FL 33027	15871 SW 14T <u>H STR</u> EET PEMBROKE PINES, FL 33027		
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DO NOT WRITE IN THIS SPACE				01272005No Chg-LLC CR2E083 (10/03)
				4. FEI Number X Applied For 11-3696770 Not Applicable
				5. Certificate of Status Desired \$\frac{1}{24}\$\$ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				
CHARY, RANGA				DO NOT WRITE
15871 SW 14TH STREET PEMBROKE PINES, FL 33027				-,
				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 Ke Lawk Chs Squature typed or printed name of refittered agent and title it applicable (NOTE Recustered Agent signature required when reinstating)				8 11 105 DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBE	RS/MANAGERS		
	MGR			
	CHARY, RANGA 15871 SW 14TH ST			
CITY - ST - ZIP	PEMBROKE PINES, FL 33027			U00000376543
TITLE NAME				08/16/05-80002-011 55.00
STREET ADDRESS				
CITY-ST-ZIP			_	
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE				· · · · · · · · · · · · · · · · · · ·
NAME				IN THIS SPACE
STREET ADDRESS CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS CITY - ST - ZIP				
THE				
NAME PYDERY ADDRESS				
STREET ADDRESS CITY-ST-ZIP				
11. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

Ranga Chary