

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032557

FILED
Apr 11, 2006
Secretary of State

Entity Name: AUTHENTIC STARS, LLC

Current Principal Place of Business:

13000 SAWGRASS VILLAGE STE #41
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

2 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

PO BOX 3091
PONTE VEDRA BEACH, FL 320043091

New Mailing Address:

FEI Number: 83-0368907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, THOMAS J JR
240 PONTE VEDRA PARK DRIVE STE. 150
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAWKINS, JOE K
Address: 9050 MARSH VIEW CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: HAMMEL, TERRY A
Address: 1080 NE 28TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: STRICKLAND, MICHAEL T
Address: 5520 RIVER POINT CIR
City-St-Zip: KNOXVILLE, TN 37919

Title: MGR () Delete
Name: BATTLE, PATRICK
Address: STE 200 290 INTERSTATE N
City-St-Zip: ATLANTA, GA 30339

Title: MGR () Delete
Name: SNOTTE, BRIAN
Address: 1135 HILLSBURG MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

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

ADDITIONS/CHANGES:

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

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

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

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

Title: MGR (X) Change () Addition
Name: SWETTE, BRIAN
Address: 1135 HILLSBURG MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: MGR () Change (X) Addition
Name: RICE, DAN
Address: 50 N. LAURA ST. #1208
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE K. HAWKINS

MGR

04/11/2006

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