

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035671

Entity Name: STAR VENTURES, LLC

FILED
Aug 05, 2004
Secretary of State

Current Principal Place of Business:

385 CENTER POINTE CIR., STE. 1319
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

587 E. STATE RD.
434
LONG WOOD, FL 32750

Current Mailing Address:

385 CENTER POINTE CIR., STE. 1319
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

9888 BISSONNET DR
300
HOUSTON, TX 77036

FEI Number: 20-0263333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE., STE. 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

RAJAN, ARIF MGMR
587 E. STATE RD.
LONG WOOD, FL 32750 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: ARIF RAJAN

08/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: RAJAN, ARIF
Address: 587 E. STATE RD. #434
City-St-Zip: LONG WOO, FL 32750 US

Title: MGRM () Change (X) Addition
Name: HEMANI, ALTAF
Address: 587 E. STATE RD. #343
City-St-Zip: LONG WOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARIF RAJAN

MGRM

08/05/2004

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