

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90224 008 \*\*\*138.75

**DOCUMENT # L03000035671**

1. Entity Name  
**STAR VENTURES, LLC**



Principal Place of Business <b>151 SOUTHHALL LANE          STE 240          MAITLAND, FL 32751</b>	Mailing Address <b>151 SOUTHHALL LANE          STE 240          MAITLAND, FL 32751</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>20 N. Orange Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 600</i>

City & State <i>Orlando, Florida</i>	4. FEI Number <b>20-0263333</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32801</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required

**60020043**



02162008 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**HENDRY, STONER, CALANDRINO & BROWN P.A.**  
**20 N ORANGE AVE**  
**STE 600**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

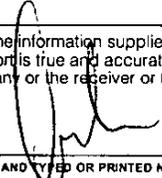
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAJAN, ARIF	
STREET ADDRESS	151 SOUTHHALL LANE STE 240	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HEMANI, ALTAF	
STREET ADDRESS	587 E. STATE RD. #343	
CITY-ST-ZIP	LONG WOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**  **3/21/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #