2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2004 8:00 am Secretary of State

| DOCUMENT # L03000042366 1. Entity Name NORTHERN STARS, LLC | | | | | Secretary of State 02-10-2004 90133 001 ***100.00 | | |
|--|--|---------------------------|-----------------------|---|--|----------------------|--|
| Principal Place of Business | | | | * * | 34.000.44.01.33.64.35. State of the state o | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | Francisco de Calendario de Cal |
| Suite, Apt. #, etc.? . 7 / | | Suite, Apt. #, etc. | | 02032004 | Chg-LLC | CR2E083 (10/03) | |
| | | City & State Zip Country | | 4. FEI Number 20-0360640 Applied For Not Applicable | | | |
| 2ip | 6. Name and Address of Current F | , | Country | | | f Status Desired | \$5.00 Additional |
| | | | | Name | 7. Name and A | duress of New A | system Agent a Car a source of |
| BRAY, LARRY E (1947) 2247 PALM BEACH LAKES BLVD., SUITE 229 WEST:PALM BEACH, FL: 33409 | | | | treet Address (P.O. Box Number is Not Acceptable) ் ் இருந்திருந்து இருந்து இரு இருந்து இருந்து இருந்து இருந் | | | |
| The second of th | | | City | | · · · · · · · · · · · · · · · · · · · | | Zip Code as La |
| 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. Tamifamiliar with, and accept | | | | | | | |
| signature 1) 3 40 7 Characteristics and the control of the control | | | | | | | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE: ONTE: Registered Agent signature required when reinstating) | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | Make | check payable to |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. | | | ADDITIONS/ | CHANGES 110/03) The CHANGES |
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| 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 immitted liability company or the reopiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |