2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000043395



FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90025 042 ****50.00

1. Entity Name STAR TOWERS OF FLORIDA, LLC									
Principal Place of Business 1217 AIRPORT RD, STE 419 DESTIN, FL 32541		Maiting Address 1217 AIRPORT RD, STE 419 DESTIN, FL 32541			20042333				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062006	Chg-LLC	CR2E083	(11/05)	
City & State		City & State			4. FEI Numb 20-037			<u> </u>	plied For Applicable
Zip	Country	Zip ;	Coun	try	5. Certificate	of Status Desired		5.00 Ado e Required	
6. Name and Address of Current Registered Agent				Maria	7. Name and	Address of New R	egistered Ag	ent	
DUBLING DESCRIPTE:				Name					
PHILLIPS, RUPERT E 1217 AIRPORT RD, STE 419 DESTIN, FL 32541				Street Address ((P.O. Box Numb	er is Not Acceptable	9)		
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006							e check pay a Departmen		•
9.	MANAGING MEMBERS/MANAGERS 1					ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITL	E			(Change	Addition
NAME	PHILLIPS, RUPERT E		NAM						
STREET ADDRESS CITY-ST-ZIP	1217 AIRPORT ROAD		1	ET ADDRESS -SI-ZIP					
	DESTIN, FL 32541 MGRM							3.00	P ^{ma} l A Carro
TITLE NAME	HALE, RON SR	Delete	TITLI	L			L] Change	Addition
STREET ADDRESS	1217 AIRPORT ROAD			ET ADDRESS					
CITY-ST-ZIP	DESTIN, FL 32541		CITY	-ST-ZIP					}
TITLE	MGRM	Delete	TITLE	E] Change	☐ Addition
NAME	FINCH, JOHN		NAM	IE					
STREET ADDRESS	1217 AIRPORT ROAD		STRE	ET ADDRESS					Ì
CITY-ST-ZIP	DESTIN, FL 32541		CITY	-ST-ZIP				_	
TITLE		- Delete	TITL	l l				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Oelete	TITL	E			[Change	☐ Addition
NAME	'		NAM	te l					_
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-SI-ZIP					
TITLE		☐ Delete	TITL	E			ſ	Change	Addition
NAME			NAM				•	-	
STREET ADDRESS				EET ADDRESS					
CITY-SF-ZIP				-ST-ZIP					
11. I hereby of	certify that the information supplied with	this filing does not qualify for	r the exe the sam	emptions contained e legal effect as if r	Lin Chapter 119 made under oat	, Florida Statutes. I fe h: that I am a manae	urther certify the	nat the info or manage	rmation

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under dail, that i all limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.