


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT -

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000045231

1. Entity Name
STARR, LLC



Principal Place of Business
**110 MEDICAL DR
 DOTHAN, AL 36303**

Mailing Address
**POB 490
 DOTHAN, AL 36302**

DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0052019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEPHENS, JEFFREY M
 4507 FURLING LANE
 SUITE 210
 DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

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, 2007**

U00000602814
 01/26/07-80102-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARSONS, DAVID W 110 MEDICAL DR DOTHAN, AL 36303
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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: Tracy Knowles Date: 1/17/07 Daytime Phone #: 334-793-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE