

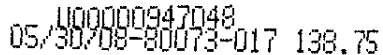


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000048023		
1. Entity Name NORTH STAR LLC		
Principal Place of Business 23 ALAFAYA WOODS BLVD. #161 OVIEDO, FL 32765	Mailing Address 23 ALAFAYA WOODS BLVD. #161 OVIEDO, FL 32765	 05022008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SINGH, FAUJA 23 ALAFAYA WOODS BLVD. #161 OVIEDO, FL 32765		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, FAUJA MGRM 23 ALAFAYA WOODS BLVD., #161 OVIEDO, FL 32765	 DO NOT WRITE IN THIS SPACE
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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: <u>Fauja Singh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/30/08</u> <small>Daytime Phone #</small>