

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90095 042 \*\*\*138.75

DOCUMENT # L03000051067					
1. Entity Name <b>STAR HOMES OF FLORIDA, LLC</b>					
Principal Place of Business <b>871 SW S. MACEDO BLVD PORT SAINT LUCIE, FL 34983</b>			Mailing Address <b>871 SW S. MACEDO BLVD PORT SAINT LUCIE, FL 34983</b>		
2. Principal Place of Business - No P.O. Box # <b>2041 SW BAYSHORE</b>		3. Mailing Address <b>2041 SW BAYSHORE</b>			
Suite, Apt. #, etc. <b>BW.</b>		Suite, Apt. #, etc. <b>BLVD.</b>		01092008    Chg-LLC    CR2E083 (12/06)	
City & State <b>PORT ST. LUCIE</b>		City & State <b>PORT ST. LUCIE</b>		4. FEI Number <b>20-0493390</b>	
Zip <b>34984</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, JOSE L 3094 SOLITAIRE PALM DRIVE PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOVAR, EDUARDO 1215 AVONDALE LN WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSE L 3094 SOLITAIRE PALM DRIVE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSE L 146 N Sewalls Point Rd STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSE L 146 N Sewalls Point Rd STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSE L 146 N Sewalls Point Rd STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSE L 146 N Sewalls Point Rd STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____  Date: <b>01-10-08</b> Daytime Phone #: <b>772-8788105</b>					