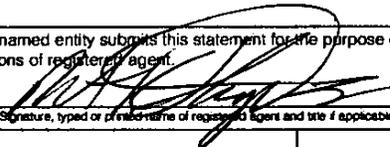


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90192 020 ****50.00

DOCUMENT # L04000004607					
1. Entity Name BRIGHT STAR COMMUNICATIONS LLC					
Principal Place of Business 1221 BRUCE B DOWNS BLVD SUITE 114 WESLEY CHAPEL, FL 33543			Mailing Address 1221 BRUCE B DOWNS BLVD SUITE 114 WESLEY CHAPEL, FL 33543		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAMPER, ROBERT K JR 1221 BRUCE B DOWNS BLVD SUITE 114 WESLEY CHAPEL, FL 33543			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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:  (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-7-05</u>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPER, ROBERT K JR			NAME	
STREET ADDRESS	1221 BRUCE B DOWNS BLVD			STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPER, NEIL H			NAME	
STREET ADDRESS	1221 BRUCE B DOWNS BLVD			STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  (NOTE: Signature and typed or printed name of signing managing member, manager, or authorized representative) DATE: <u>1-7-05</u> Daytime Phone #					

60000770



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0602962 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required