


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 021 \*\*\*\*50.00

**DOCUMENT # L04000006728**

1. Entity Name  
**STAR PROPERTY DEVELOPMENT, LLC**



**60042480**



Principal Place of Business  
**9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

Mailing Address  
**9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

2. Principal Place of Business - No P.O. Box #  
**5115 JOANNE KEARNEY BLVD.**

3. Mailing Address  
**P.O. BOX 5299**

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State  
**TAMPA, FL.**

City & State  
**TAMPA FL**

4. FEI Number  
**20-0644886**

Applied For  
 Not Applicable

Zip  
**33619**

Country  
**USA**

Zip  
**33675-5299**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**REED, JAMES  
 9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5115 JOANNE KEARNEY BLVD.**

City  
**TAMPA**

State  
**FL**

Zip Code  
**33619**

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 *J. Reed* **4/23/07** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KEARNEY, BING 9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5115 JOANNE KEARNEY BLVD. TAMPA FL 33619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5115 JOANNE KEARNEY BLVD. TAMPA FL 33619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *J. Reed* **4/23/07** **813 435-7105** DATE DAYTIME PHONE #

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