


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

02-12-2007 90302 042 ****50.00

DOCUMENT # L04000014010
 1. Entity Name
STAR FARM LLC



Principal Place of Business Mailing Address
 480 SOUTH COUNTY ROAD 115 480 SOUTH COUNTY ROAD 115
 BUNNELL FL 32110 BUNNELL FL 32110
 US US

30004013



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 490 SCR 115 490 SCR 115
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State
 Bunnell FL Bunnell FL

4. FEI Number Applied For
 51-0497943 Not Applicable

Zip Country Zip Country
 32110 FL 32110 FL

5. Certificate of Status Desired \$5.00 Additional Fee Required
 Not Applicable

6. Name and Address of Current Registered Agent
 RAIMONDO, JOSEPH A
 490 SOUTH COUNTY ROAD 115
 BUNNELL FL 32110

7. Name and Address of New Registered Agent
 Name: Joe RAIMONDO
 Street Address (P.O. Box Number is Not Acceptable)
 490 SCR 115
 Bunnell FL
 City FL Zip Code 32110

I, 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: *Joseph A. Raimondo* DATE: 3-3-07
(NOTE: Registered Agent Signature, non-authorized individuals)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2007

B. MANAGING MEMBERS/MANAGERS		D. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM RAIMONDO, JOSEPH A 490 SOUTH COUNTY ROAD 115 BUNNELL FL 32110		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
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CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Delete		<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 Section 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: *Joseph A. Raimondo*
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date: _____