

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90157 009 \*\*\*\*55.00

**DOCUMENT # L04000016468**

**1. Entity Name**  
**SUPERSTAR HOMES, LLC**



**Principal Place of Business**  
C/O ROBERT L. TANKEL, ESQ.  
1022 MAIN STREET, SUITE D  
DUNEDIN, FL 34698

**Mailing Address**  
C/O ROBERT L. TANKEL, ESQ.  
1022 MAIN STREET, SUITE D  
DUNEDIN, FL 34698

**20008892**



**2. Principal Place of Business**  
**205 22ND STREET**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**205 22ND STREET**  
Suite, Apt. #, etc.

02072005 Chg-LLC CR2E083 (10/03)

**City & State**  
**BELLEAIR BEACH, FL**  
**Zip** **33786** **Country** **PNELLAS**

**City & State**  
**BELLEAIR BEACH, FL**  
**Zip** **33786** **Country** **PNELLAS**

**4. FEI Number** **20-0848693** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

TANKEL, ROBERT L ESQ.  
1022 MAIN STREET, SUITE D  
DUNEDIN, FL 34698

**7. Name and Address of New Registered Agent**

**Name** **JEFFREY G. KISER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**205 22ND STREET**  
**City** **BELLEAIR BEACH** **FL** **Zip Code** **33786**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**2/7/05**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **MGRM** ☐ **Delete**  
**NAME** **KISER, GAIL O**  
**STREET ADDRESS** **1022 MAIN STREET, SUITE D**  
**CITY - ST - ZIP** **DUNEDIN, FL 34698**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **Delete**  
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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** **MGRM** ☒ **Change** ☐ **Addition**  
**NAME** **KISER, GAIL O.**  
**STREET ADDRESS** **205 22ND STREET**  
**CITY - ST - ZIP** **BELLEAIR BEACH, FL 33786**

**TITLE** **MANAGER** ☐ **Change** ☒ **Addition**  
**NAME** **KISER, JEFFREY G.**  
**STREET ADDRESS** **205 22ND STREET**  
**CITY - ST - ZIP** **BELLEAIR BEACH, FL 33786**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:**

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

Date

Daytime Phone #

**JEFFREY G. KISER MANAGER 2/7/05 770-335-1111**