## 2005 LIMITED LIABILITY-COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## May 12, 2005 8:00 am Secretary of State **DOCUMENT # L04000019142** 1. Entity Name 05-12-2005 90031 002 \*\*\*\*50.00 STARR TITLE MANAGERS, LLC Mailing Address Principal Place of Business 2 SOUTH UNIVERSITY DR, STE 265 2 SOUTH UNIVERSITY DR, STE 265 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENENFELD, BRUCE J ESQ Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH UNIVERSITY DR, STE 265 PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10, TITLE TITLE ☐ Delete ☐ Change Addition · Benence W NAME NAME 2 south University DRIVE, #265 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-78 TITLE ☐ Defete THILE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Bouce J. Benonfeld 4/29/05