

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90595 007 \*\*\*\*50.00

**DOCUMENT # L04000039489**

1. Entity Name  
**STAR SESSIONS, LLC**



Principal Place of Business  
**2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134**

Mailing Address  
**2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134**

**20020400**

2. Principal Place of Business

3. Mailing Address

**434 INDIES DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005

Chg-LLC

CR2E083 (10/03)

City & State

**VERO BEACH, FL**

4. FEI Number **1199138**  
**20-1093704**

Applied For

Not Applicable

Zip

Country

**32963-9504**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERMER, STEVEN J  
2800 PONCE DE LEON BLVD., SUITE 1125  
CORAL GABLES, FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **ATTN:** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **GEORGE D. MEHRAS, MD**  
STREET ADDRESS **434 INDIES DRIVE**  
CITY-ST-ZIP **VERO BEACH, FL 32963-9504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **JAMES STANKIEWICZ**  
STREET ADDRESS **1484 - 32ND AVE, S.W.**  
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **STEPHEN B. LIVINGSTONE**  
STREET ADDRESS **558 S.W. HIDDEN RIVER AVE.**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/28/05** **305**  
**6092900**

Date

Daytime Phone #