## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

ANNUAL REPURT							Secretary of State				
DOCUMENT # L04000046182					O THE S			04-04-2005	90428 028	3 <b>****</b> 50	.00
1. Entity Nam	e										
STAR IN	/ESTOR	S, LLC			1000						
					1	186					
Principal Plac	e of Business	s	Mailing Address								
18851 NE 29TH AVENUE, SUITE 900			18851 NE 29TH AVENUE, SUITE 900								
AVENTURA, F	L 33180		AVENTURA, FL 33180								
2. Principal P	lace of Busin	ness	3. Mailing Address								
	4	<del>_</del>	666 71 STREGT				, . <b></b>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01272005	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State				4. FEI Numb		·· <u>·</u>	Ap	plied For
			MIAMI BEACH, FZ				<u> 20-</u>	2568346		No	t Applicable
Zip	Zip Country		33141		Country USA		5. Certificate	e of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current		_7. Name an	d Address of New F	legistered A	gent				
DOLLOGO	MADICE				Name						
ROUSSO, 3440 HOL		BLVD., SUITE 360		Street Address (			P.O. Box Numb	per is Not Acceptable	e)		
HOLLYWO											-
			City					FL	Zip Cod	8	
		y submits this statement for	r the purpose of changing	its register	ed office or	register	ed agent, or be	oth, in the State of Fl	orida. I am fa	miliar with,	and accept
the obligat	tions of regist	tered agent.									
SIGNATURE	Cinantura tunad	for printed name of registered agent a	and title if applicable	IOTE: Pagistara	ad &good eignatu	re required	when reinstating)		DATE		
	Signation 0, typed	To printed name of registeres agents	, and it approach.	1012.1109.01010	- July State of the State of th		THO THE CHARLES TO SEE			· · · · ·	
Filing Fee is \$50.00							Make check payable to				
D	ue by Ma	y 1, 2005						Florid	a Departme	nt of State	9
9. MANAGING MEMB			RS/MANAGERS	0.			ADDITIONS/CHANGES				
TITLE	MGR		☐ Delete	TITL					,	☐ Change	Addition
NAME	LIPS, ALAN				NAME						
STREET ADDRESS   18851 NE 29TH AVENUE, SUITE			900		STREET ADDRESS CITY-ST-ZIP						ļ
CITY-ST-ZIP AVENTURA, FL 33180				-							
TITLE NAME			☐ Delete	TITL NAM	1					Change	Addition
STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						İ
TITLE			☐ Delete	TITL	E			<del></del>		Change	Addition
NAME			•	. NAM						-	
STREET ADDRESS					EET ADDRESS						
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TITLE			☐ Delete	TITL Nam						Change	☐ Addition
NAME STREET ADDRESS					EET ADDRESS						
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NAME				NAM	AE						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP		·	☐ Delete		r-ST-ZIP				<del></del>		
				TITL						Change	Addition

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 receive or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_\_\_\_\_\_

NAME STREET ADDRESS

CITY-ST-ZIP

PEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #