

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-04-2005 90428 028 \*\*\*\*50.00

**DOCUMENT # L04000046182**



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

Principal Place of Business  
**18851 NE 29TH AVENUE, SUITE 900  
 AVENTURA, FL 33180**

Mailing Address  
**18851 NE 29TH AVENUE, SUITE 900  
 AVENTURA, FL 33180**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**666 71 STREET**  
 Suite, Apt. #, etc.



01272005 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI BEACH, FL**

4. FEI Number  
**20-2568346** Applied For  
 Not Applicable

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

Zip Country Zip Country  
**33141 USA**

6. Name and Address of Current Registered Agent  
**ROUSSO, MARK E  
 3440 HOLLYWOOD BLVD., SUITE 360  
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPS, ALAN 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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