

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063830

Entity Name: IRONSTAR LLC

FILED  
Mar 14, 2006  
Secretary of State

**Current Principal Place of Business:**

2931 NW 48TH ST.  
FT. LAUDEDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2370 N FEDERAL HWY  
SUITE 314  
FT. LAUDERDALE, FL 33305 US

**New Mailing Address:**

FEI Number: 20-1897133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SOMOGYI, ATTILA VON  
2370 N FEDERAL HIGHWAY  
SUITE 314  
FT. LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

PIRNIA, TARA  
2370 N FEDERAL HIGHWAY  
SUITE 314  
FT. LAUDERDALE, FL 33305 US

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.

SIGNATURE: TARA PIRNIA

03/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TARA, PIRNIA  
Address: 11640 GORHAM AVENUE  
City-St-Zip: BRENTWOOD, CA 90049 US

Title: MGRM (X) Delete  
Name: SOMOGYI, ATTILA VON  
Address: 2370 N FEDERAL HWY, SUITE 314  
City-St-Zip: FT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TARA PIRNIA

MGR

03/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date