

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90060 014 ***150.00

DOCUMENT # L04000085614

1. Entity Name
STAR PROPERTY III, LLC



Principal Place of Business
**3750 WEST FLAGLER STREET
 MIAMI, FL 33134**

Mailing Address
**3750 WEST FLAGLER STREET
 MIAMI, FL 33134**

30006950



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-1920018

Applied For
 Not Applicable

Zip Country

Country

Zip Country

Country

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

6. Name and Address of Current Registered Agent
**NICOLAS ESTRELLA JR., P.A.
 3750 WEST FLAGLER STREET
 MIAMI, FL 33134**

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 re-registering) 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 ESTRELLA, NICOLAS 3750 WEST FLAGLER STREET MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

George S. [Signature]

04/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #