

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-29-2005 90060 015 ***150.00

DOCUMENT # L04000088369 1. Entity Name STAR PROPERTY IV, LLC					
Principal Place of Business 3750 WEST FLAGLER STREET MIAMI, FL 33134			Mailing Address 3750 WEST FLAGLER STREET MIAMI, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1968729				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04182005 Chg-LLC CR2E083 (10/03)	
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 redesigning) 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	
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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)(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 04/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					