2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000088577

Entity Name: STAR OFFICE PARK, LLC

Current Principal Place of Business:

900 WESTPARK DRIVE
SUITE 300
PEACHTREE CITY, GA 30269

New Principal Place of Business:

Current Mailing Address:

900 WESTPARK DRIVE
SUITE 300
PEACHTREE CITY, GA 30269

New Mailing Address:

FEI Number: 20-1995897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PORATH, SHANNON L
56 SPIRES LANE
SUITE 16A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PACE FAMILY PARTNERS, , L.P.	
Address:	900 WESTPARK DRIVE, SUITE 300	
City-St-Zip:	PEACHTREE CITY, GA 30269	
Title:	MGRM	( ) Delete
Name:	CCMR LIMITED PARTNER, SHIP	
Address:	900 WESTPARK DRIVE, SUITE 300	
City-St-Zip:	PEACHTREE CITY, GA 30269	
Title:	MGRM	( ) Delete
Name:	CRAMER FAMILY PARTNE, RS, L.P.	
Address:	571 PROVIDENCE CLUB DRIVE	
City-St-Zip:	MONROE, GA 30656	
Title:	MGRM	( ) Delete
Name:	CARTER, JEANNE M	
Address:	10065 EMERALD COST PARKWAY, SUITE A-101	
City-St-Zip:	DESTIN, FL 32550	
Title:	MGRM	( ) Delete
Name:	FITZPATRICK, DANIEL J	
Address:	10065 EMERALD COAST PARKWAY, SUITE A-101	
City-St-Zip:	DESTIN, FL 32550	
Title:	MGRM	( ) Delete
Name:	POSS, JAMES & DEBORA	
Address:	8535 ST. MARLO FAIRWAY DRIVE	
City-St-Zip:	DULUTH, GA 30097	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: MARK J. WILLIAMSON MGR 07/05/2005

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