

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091692

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: STARMART LLC

**Current Principal Place of Business:**

4921 S. LOIS AVENUE, SUITE A  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4921 S. LOIS AVENUE, SUITE A  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 20-2039674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULZ, RICHARD  
3615 BELCHER DRIVE  
TAMPA, FL 33629 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HETHCOX, CHRISTOPHER  
Address: 2511 W. AZEELE STREET  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: SCHULZ, KATHY  
Address: 3615 BELCHER DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: SCHULZ, RICHARD  
Address: 3615 BELCHER DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: BERTHELETTE, MICHAEL  
Address: 2511 W. AZEELE STREET  
City-St-Zip: TAMPA, FL 33609

**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:

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: KATHY SCHULZ

MGRM

04/29/2005

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