



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90024 038 \*\*\*\*50.00

<b>DOCUMENT # L05000013902</b> 1. Entity Name <b>STARFISH INVESTMENTS LLC</b>					
Principal Place of Business <b>CHRISTINE HATCH</b> <b>815 BRIERCLIFF DR</b> <b>ORLANDO, FL 32806-1303</b>			Mailing Address <b>CHRISTINE HATCH</b> <b>815 BRIERCLIFF DR</b> <b>ORLANDO, FL 32806-1303</b>		
2. Principal Place of Business <u>AS ABOVE</u> Suite, Apt. #, etc.		3. Mailing Address <u>AS ABOVE</u> Suite, Apt. #, etc.			
City & State		City & State		04242006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <u>20-1367036</u>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>HATCH, CHRISTINE</b> <b>815 BRIERCLIFF DR</b> <b>ORLANDO, FL 32906-1303</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATCH, CHRISTINE 815 BRIERCLIFF DR ORLANDO, FL 328061303	<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	MGRM HILLIARD, DIANE E DOGAN 3418 WHITE OAK CT FAIRFAX, VA 22030	<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	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>CHRISTINE HATCH Christine Hatch</u>			<u>4/24/06</u>		<u>407 230824</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #