


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90011 041 ****50.00

DOCUMENT # L05000025734					
1. Entity Name STARLING SOUTH ORLANDO, LLC					
Principal Place of Business 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801			Mailing Address 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801		
2. Principal Place of Business 1001 E. Highway 192		3. Mailing Address P O Box 700667			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Cloud, FL		City & State St. Cloud, FL		4. FEI Number 65-1248077	
Zip 34769		Country		Applied For Not Applicable	
Zip 34770		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	MGR		
STREET ADDRESS		STREET ADDRESS	1001 E. Highway 192		
CITY-ST-ZIP		CITY-ST-ZIP	St. Cloud, FL 34769		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <i>Alan C. Starling</i>		Alan C. Starling, MGR			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

SHUTTS
&
BOWEN ATTACHMENT
LLP 20037866

ATTORNEYS AND COUNSELLORS AT LAW

J. GREGORY HUMPHRIES, ESQ.
(407) 835-6940 Direct Telephone
(407) 849-7240 Direct Facsimile

E-MAIL ADDRESS:
jhumphries@shutts-law.com

April 25, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Annual Report Filings
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

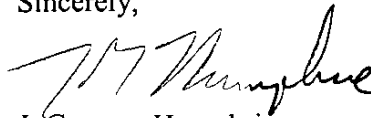
Re: **2006 Florida Annual Report;**
Document No. L05000025734

Gentlemen:

Enclosed is the 2006 Limited Liability Company Annual Report for **STARLING SOUTH ORLANDO, LLC**, along with a \$50.00 check for the filing fee.

Please do not hesitate to contact me should you have any questions concerning the enclosures.

Sincerely,



J. Gregory Humphries

JGH/kk
Enclosures

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