2006 LIMITED LIABILITY COMPÂNY ANNUAL REPORT

DQCUMENT #L05000025814



FILED May 12, 2006 8:00 am Secretary of State 04-26-2006 90016 032 ****50.00

1. Entity Name SOUTHERN STAR LIMITED LIABILITY COMPANY						0,120,200		-	30.00
	e of Business BOROUGH LANE I GARDENS, FL 33418	Mailing Address 13100 PINE BOROUGH LANE PALM BEACH GARDENS, FL 33418							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, stc.			04092006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State			4. FEI Numb	D 26	17,8		oplied For
Zip	Country	Zip	Country		5. Certificate	ol Status Desired		00 Ad Require	
	6. Name and Address of Current	Registered Agent		61	7. Name and	Address of New R	egistered Ager	d	
ADAMS, WILLIAM A				Name					
13100 PINE BOROUGH LANE PALM BEACH GARDENS, FL 33418			1	Street Address (I	P.O. Box Numb	er is Not Acceptable	e)		
			-	City			FL	Zip Cod	ha I
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered	office or register	ed agent, or bo	th, in the State of Fi	orkta. I em lamil	iar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E. Registered Ac	pent eignesure required	shen reinstitting)		DATE		
F	iling Pee is \$50.00 ue by May 1, 2006						e check payal Department		•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRISSON, TERRANCE 990 TREASURE CAY FORT PIERCE, FL 34947	☐ Delate	TITLE NAME STREET A CITY-ST-					Change	Addition
TITLE HAME STREET ADDRESS	MGRM ADAMS, WILLIAM A 13100 PINE BOROUGH LANE	☐ Delete	TITLE NAME STREET A					Change	Addition
CITY-ST-ZIP	PALM BEACH GARDENS, FL 3	3418	CITY-ST-						\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekta	TITLE NAME STREET A CITY-ST				0	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				۵	Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET A				۵	Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NUME STREET A CITY-ST		-			Change	Addition
indicated limited lis	certify, that the information supplied with don this report is true and accurate and ability company or the receiver or truste	that my signature shall have	the same le	egal effect as if m	nada under oati	r; that I am a manaq	ging member or	manage	er of the
SIGNA		F SCHOOL MANAGING MEMBER MA	MACER OF ALL	THORIZED REPRESE	WTATES	and the first of	Cavarra	Phone 8	# <u> </u>