2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L05000031508

Entity Name: INVESTAR LLC

Current Principal Place of Business:

653 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

653 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P ( ) Delete
Name: DE GRE, JUAN
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V ( ) Delete
Name: DE GRE, JUAN
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete
Name: DE GRE, JUAN
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T ( ) Delete
Name: DE GRE, JUAN
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: DE GRE, JUAN
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: DE GRE, JUAN G
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V (X) Change ( ) Addition
Name: DE GRE, JUAN G
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S (X) Change ( ) Addition
Name: DE GRE, JUAN G
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T (X) Change ( ) Addition
Name: DE GRE, JUAN G
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: DE GRE, JUAN G
Address: 653 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUAN G. DE GRE P 03/20/2007

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