


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L05000042065</b>  |  |                                 |  |   |  |
| <b>1. Entity Name</b><br>STAR, LLC  |  |                                 |  |  |  |
| <b>Principal Place of Business</b><br>1741 SAROCO ROAD<br>GULF BREEZE FL 32563  |  |                                 | <b>Mailing Address</b><br>1741 SAROCO ROAD<br>GULF BREEZE FL 32563 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |  |  |  |
| City & State  |  | City & State                    |  |  |  |
| Zip   | Country  | Zip                             | Country  | <b>4. FEI Number</b> 20-2809320  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |  | <b>Applied For</b><br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>STAR, HELENE<br>1741 SAROCO ROAD<br>GULF BREEZE FL 32563  |  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| FL  |  |                                 |  | Zip Code   |  |
| <b>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</b> |  |                                 |  |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)  |  |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>  |  |                                 |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | MGRM<br>STAR, HELENE<br>1741 SAROCO ROAD<br>GULF BREEZE FL 32563 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 000000622722<br>02/13/07-80037-008 50.00  |  |                                 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #