LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # LOSO00046900 1. Entity Name STARRY, LLC



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

04-28-2006 90021 031 ****50.00

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DO NOT WRITE IN THIS SPACE

2. Principal Pla	ce of Business	1 3/	Mailing Address	01121	;· .					
708 W. Fischer Circle			U.Dox. 12	7//36		_				
Suite, Apt. #, etc.			Suite, Ap., #, etc.				CR2E083B (8/05)			
City & State,			City & State:			4. FEI Numi	<u> </u>		Applied For	
Sepastian . Florida			Schastian Horida				-3721412	_	Not Applicable	
Zip Country 32958 USA		2	Zip 32958 US		у .		e of Status Desired		\$5.00 Additional Fee Required	
02/00 (20/1 07-7-00					<u>,, </u>	7. Name and Address of Current Registered Agent				
Name/						1 T	1 T Q .			
DO NOT WRITE Street Address (P						o /B O. Boy Num	ber is Not Acceptable	<u>,,</u>	 	
						is (F.O. Box Num	bei is Not Acceptable			
IN THIS SPACE					708 W. Fischer Circle City School Fil Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered age							oth, in the State of Flo	orida. I am I	amiliar with, and accept	
the obligations of registered agent.										
SIGNATURE Caral J. Parry										
Signature, typed or printed name of edistered agent and title if applicable.							1	DATE		
FEE IS \$50.00										
Make Check Payable to Florida Department						nent of State				
DUE BY MAY 1										
9.	MANAGIN	IG MEMBERS/M	ANAGERS				,			
TITLE	MGRM Carol J. Bar 108 W. Fisc			TITLE						
NAME	Carol J. Bar	77 0 mil		NAME	T 40000000					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE