2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # L050000514731 1. Entity Name 03-21-2006 90296 038 ****50.00 STAR STEEL REAL ESTATE, LLC Principal Place of Business Mailing Address 580 NORTHWEST 12TH AVENUE 580 NORTHWEST 12TH AVENUE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 3050 NE 47th CT 3050 NE 47th CT Suite, Apt. #, etc. # 403 Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) #403 City & State City & State Ft.Lauderdale, Applied For 4. FEI Number FLFt. Lauderdale, 20-2962267 Not Applicable Country Country \$5.00 Additional ₹3308 5. Certificate of Status Desired 33308 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mary Anne Kruger KRUGER, MARY ANNE Street Address (P.O. Box Number is Not Acceptable) 580 NORTHWEST 12TH AVENUE <u>3050 NE 47th Court #403</u> POMPANO BEACH FL 33069 Zip Code Ft. Lauderdale 33308 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE ☐ Defete TITLE Change ☐ Addition MGR NAME KRUGER, MARY ANNE NAME Kruger, Mary Anne STREET ADDRESS STREET ADDRESS 580 NORTHWEST 12TH AVENUE 3050 NE 47th Ct #403 CITY-ST-ZIP CITY-ST-71P POMPANO BEACH FL 33069 Ftl Lauderdale, FL 33308 change ☐ Addition ☐ Defete TITLE TITLE MGRM MGRM NAME NAME KRUGER, HEINZ Kruger, Heinz STREET ADDRESS STREET ADDRESS 580 NORTHWEST 12TH AVENUE 3050 NE 47th Ct #403 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Ft. Lauderdale, FL 33308 Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete ππε NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

FILED

GNATURE: March 6, 2006 954/946-3339
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Despring Proce *

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.

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