2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 28, 2008 08:00 Al **DOCUMENT # L05000066324 Secretary of State** 1. Entity Name STAR HOLDINGS MANAGEMENT, LLC Principal Place of Business Mailing Address 924 93 STREET 924 93 STREET SURFSIDE, FL 33154 US SURFSIDE, FL 33154 US 03252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3085239 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMMAR, RAPHAEL **DO NOT WRITE** 924 93 STREET SURFSIDE, FL 33154 IN THIS SPACE he 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 HAAAAARTRIR 94/19/08-80070-004 138.75 9. TITLE MGR NAME AMMAR, RAPHAEL STREET ADDRESS 924 93 STREET SURFSIDE, FL 33154 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS <u>CI</u>TY-ST-ZIP

FILED

SIGNATURE:

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

Date

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.