

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084145

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** STARBURY MULTI-FAMILY, LLC

**Current Principal Place of Business:**

2295 S. HIAWASSEE ROAD  
SUITE 307  
ORLANDO, FL 32835

**New Principal Place of Business:**

430 DAVIS DRIVE  
SUITE 270  
MORRISVILLE, NC 27560

**Current Mailing Address:**

PO BOX 13667  
RESEARCH TRIANGLE PARK, NC 27709

**New Mailing Address:**

PO BOX 110127  
RESEARCH TRIANGLE PARK, NC 27709

**FEI Number:** 20-3359590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

T-MAC ENTERPRISES, INC.  
2295 S. HIAWASSEE ROAD  
SUITE 307  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

Q6 MULTI-FAMILY I, LLC  
6139 FROGGATT STREET  
ORLANDO, FL 32835 US

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:** GUSTAVUS BASS

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BASS, GUSTAVUS  
**Address:** PO BOX 13667  
**City-St-Zip:** RESEARCH TRIANGLE PARK, NC 27709 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BASS, GUSTAVUS  
**Address:** 430 DAVIS DRIVE, SUITE 270  
**City-St-Zip:** MORRISVILLE, NC 27560 US

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:** GUSTAVUS BASS

MGR

04/30/2006

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