

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087612

Entity Name: STARBURY GSA, LLC

FILED
Feb 03, 2008
Secretary of State

Current Principal Place of Business:

430 DAVIS DRIVE
SUITE 270
MORRISVILLE, NC 27560 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110127
DURHAM, NC 27709

New Mailing Address:

FEI Number: 20-3444963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE
SUITE 100 MRH
ORLANDO, FL 328015403 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: MARY RUTH HOUSTON

02/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPITAL ASSET ADVISO, RS, INC.
Address: 430 DAVIS DRIVE, SUITE 270
City-St-Zip: MORRISVILLE, NC 27560

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAA MANAGEMENT II, L, LC
Address: P.O. BOX 13667
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: MGR () Change (X) Addition
Name: STARBURY MANAGEMENT,, LLC
Address: P.O. BOX 110127
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

I hereby certify that the information supplied with this filing does not qualify 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

02/03/2008

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