2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# L05000104456

Entity Name: NORTH STAR REAL ESTATE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

385 CENTER POINTE CIRLCE
SUITE 1305
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

385 CENTER POINTE CIRLCE
SUITE 1305
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 20-3734376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, PERLA J
4745 INDIAN DEER RD.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HUSSEIN, MONGOTH
5026 WISE BIRD DRIVE
WINDERMERE, FL 34786 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: MONGOTH HUSSEIN 09/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORALES, PERLA J
Address: 4745 INDIAN DEER RD
City-St-Zip: WINDERMERE, FL 34786 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUSSEIN, MONGOTH
Address: 5026 WISEBIRD DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR ( ) Change (X) Addition
Name: MORALES, PERLA
Address: 4745 INDIAN DEER RD
City-St-Zip: WINDERMERE, FL 34786 US

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: MONGOTH HUSSEIN MGRM 09/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date