

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90027 030 ****50.00

DOCUMENT # L05000120587

1. Entity Name
CSTAR, LLC



Principal Place of Business
2001 PALM BEACH LAKES BLVD
SUITE 303
WEST PALM BEACH, FL 33409 US

Mailing Address
2001 PALM BEACH LAKES BLVD
SUITE 303
WEST PALM BEACH, FL 33409 US

20016821



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

26-3963691

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN LEEUWEN, ADRIANA
2001 PALM BEACH LAKES BLVD
SUITE 303
WEST PALM BEACH, FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VAN LEEUWEN, ADRIANA
STREET ADDRESS 2001 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☒ Change ☐ Addition
NAME 2001 Palm Beach Lakes Blvd, Ste. 303
STREET ADDRESS West Palm Beach, FL 33409
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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.

SIGNATURE: *Am Van Leeuwen*

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

03-13-06 561-688-2600

Date

Daytime Phone #