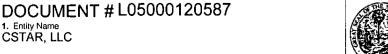
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



1. Entity Name CSTAR, LLC SOOTERST Mailing Address Principal Place of Business 2001 PALM BEACH LAKES BLVD 2001 PALM BEACH LAKES BLVD **SUITE 303** SUITE 303 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act, #, etc. 03032006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20.3963691 Not Applicable Zip Country Zic Country -\$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN LEEUWEN, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 2001 PALM BEACH LAKES BLVD SUITE 303 WEST PALM BEACH, FL 33409 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 it 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change 🗌 Addition ☐ Delete TITLE TITLE 2001 Palm Beach Lakes Blvd, Ste. 303 West Palm Beach, FL 33409 VAN LEEUWEN, ADRIANA NAME NAME STREET ADORESS 2001 PALM SEACH LAKES BLVD. STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐.Delete ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

FILED Mar 16, 2006 8:00 am

Secretary of State

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

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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