

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121348

Entity Name: STARLIGHT VALLEY, LLC

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

1211 NE 8TH AVE. SUITE 200
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1211 NE 8TH AVE. SUITE 200
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-4067358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBER, JAMES
1211 NE 8TH AVE. SUITE 200
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

OBER, JAMES B
1211 NE 8TH AVE. SUITE 200
FT. LAUDERDALE, FL 33304 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: JAMES B. OBER

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OBER, JAMES
Address: 1211 NE 8TH AVE. SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR () Delete
Name: GARVEY, LUKE
Address: 1211 NE 8TH AVE 300
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OBER, JAMES B
Address: 1211 NE 8TH AVE. SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR (X) Change () Addition
Name: GARVEY, LUKE T
Address: 1211 NE 8TH AVE 300
City-St-Zip: FORT LAUDERDALE, FL 33304

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: LUKE T. GARVEY

MGR

01/09/2007

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