

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004720

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** STARBRIDGE VALUATION AND FORENSIC SOLUTIONS, LLC

**Current Principal Place of Business:**

101 E. KENNEDY BLVD., STE. 1250  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

101 E. KENNEDY BLVD., STE. 1250  
TAMPA, FL 33602

**New Mailing Address:**

331 S. FLORIDA AVE.  
SUITE 400  
LAKELAND, FL 33801

**FEI Number:** 20-4119061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EANETT, DARLENE D  
331 S. FLORIDA AVE., STE. 400  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: COOPER, CHRISTOPHER B  
Address: 101 E. KENNEDY BLVD., STE. 1250  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Change (X) Addition  
Name: GUTGESELL, GARRY C  
Address: 101 E. KENNEDY BLVD., STE. 1250  
City-St-Zip: TAMPA, FL 33602

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:** GARRY C. GUTGESELL

S

04/24/2007

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