

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 02, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000007425

1. Entity Name  
FOUR STARS LLC



Principal Place of Business  
3524 WATERCREST PLACE  
ORLANDO, FL 32835

Mailing Address  
3524 WATERCREST PLACE  
ORLANDO, FL 32835



04222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AHMED, ADNAN  
3524 WATERCREST PLACE  
ORLANDO, FL 32835

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000946140  
05/30/08-80036-003 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AHMED, ADNAN  
3524 WATERCREST PLACE  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AHMED, SALMA  
3524 WATERCREST PLACE  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

4/29/08