


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90318 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L06000009990	
<b>1. Entity Name</b> STAR BUTTONWOOD, LLC	

<b>Principal Place of Business</b> 8790 S. SAN ANDROS WEST PALM BEACH FL 33411 US	<b>Mailing Address</b> 8790 S. SAN ANDROS WEST PALM BEACH FL 33411 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 6855 IMPERIAL BEACH CIR. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6855 IMPERIAL BEACH CIR. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

<b>City &amp; State</b> DELRAY BEACH FL.	<b>City &amp; State</b> DELRAY BEACH FL.
<b>Zip</b> 33446	<b>Country</b> U.S.A.

<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  KLEIMAN, LARRY 8790 S. SAN ANDROS WEST PALM BEACH FL 33411
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<b>7. Name and Address of New Registered Agent</b>  Name: KLEIMAN, LARRY Street Address (P.O. Box Number is Not Acceptable): 6855 IMPERIAL BEACH CIR.  City: DELRAY BEACH FL Zip Code: 33446
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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: Larry Kleiman (NOTE: Registered Agent signature required when re-registering) DATE: 4/24/07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KLEIMAN, LARRY 8790 S. SAN ANDROS WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KLEIMAN, LARRY 6855 IMPERIAL BEACH CIR. DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Larry Kleiman LARRY KLEIMAN 4/24/07 561-638-4190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #