

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

1. **Feb 15, 2007 8:00 am**
Secretary of State

01-22-2007 90153 049 *****50.00

DOCUMENT # L06000011378. 1. Entity Name STARLIGHT REALTY INC					
Principal Place of Business 2104 W KYRA DRIVE TAMPA, FL 33612 US			Mailing Address 2104 W KYRA DRIVE TAMPA, FL 33612 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FARMER, DEBORAH 2104 W KYRA DRIVE TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> SIGNATURE <i>Deborah Farmer</i> <small>Signature, typed or printed name of registered agent and fee # 00000000</small> </div> <div style="text-align: center;"> <i>Manager</i> <small>(NOTE: Registered Agent signature required when renouncing)</small> </div> <div style="text-align: center;"> <i>2/13/07</i> <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FARMER, DEBORAH 2104 W KYRA DRIVE TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - 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 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: <i>Deborah Farmer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>1-16-07</i> <i>813-932-0411</i> <small>Date Daytime Phone #</small>		

