

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90080 001 \*\*\*\*55.00

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01042007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000014440</b> 1. Entity Name <b>STAR GROUP I, LLC</b>			
Principal Place of Business <b>14606 STARBUCK SPRINGS WAY JACKSONVILLE, FL 32258</b>		Mailing Address <b>14606 STARBUCK SPRINGS WAY JACKSONVILLE, FL 32258</b>	
2. Principal Place of Business - No P.O. Box # <b>14606 Starbuck Springs Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>14606 Starbuck Springs Way</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b> Zip <b>32258</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32258</b> Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>WHITE, THERESA L 14606 STARBUCK SPRINGS WAY JACKSONVILLE, FL 32258</b>	
7. Name and Address of New Registered Agent Name <b>No Change</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		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 <u><i>Theresa L. White</i></u> <b>2/15/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WHITE, THERESA L 14606 STARBUCK SPRINGS WAY JACKSONVILLE, FL 32258</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MULLIS, VICTORIA L 417 QUEEN ANNE COURT ST. AUGUSTINE, FL 32092</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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.			
<b>SIGNATURE:</b> <u><i>Theresa L. White</i></u> <b>Theresa L. White</b> <b>2/15/07</b> <b>(904) 268-0116</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			