

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042254

Entity Name: STARTILIZATION I, LLC

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

840 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

840 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

FEI Number: 20-8493457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVELL-DEVERT, ROSE ANN  
840 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304 US

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

LOVELL, ROSE ANN  
840 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304 US

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: ROSE ANN LOVELL

01/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOVELL-DEVERT, R A  
Address: 840 NE 20TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: MGRM ( ) Delete  
Name: LOVELL, H B  
Address: 840 NE 20TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33304 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOVELL, ROSE ANN  
Address: 840 NE 20TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSE ANN LOVELL

MGRM

01/16/2008

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