

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