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Secretary of State
02-12-2007 90303 011 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/12

DOCUMENT # L06000046312

1. Entity Name
J & L STAR, LLC

Principal Place of Business	Mailing Address
270 NW 159TH STREET MIAMI, FL 33167	270 NW 159TH STREET MIAMI, FL 33167 33169

01222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
270 NW 159th Street	270 NW 159th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33169 Country: U.SA	Zip: 33169 Country: U.SA

4. FEI Number: 20-8730950 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRVING, LINDA 270 NW 159TH STREET MIAMI, FL 33167	Name: Irving, Linda Street Address (P.O. Box Number is Not Acceptable): 270 NW 159th Street City: Miami FL Zip Code: 33169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM IRVING, LINDA V 270 NW 159TH STREET MIAMI, FL 33167	☐ Delete	MGRM IRVING, Linda V 270 NW 159th street Miami, FL 33169	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM IRVING, JOHN T JR. 270 NW 159TH STREET MIAMI, FL 33167	☐ Delete	MGRM IRVING, John T. JR. 270 NW 159th street Miami, FL 33169	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ 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: John Irving 1/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #