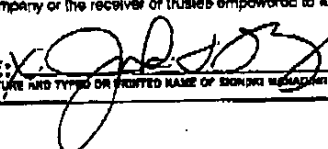


FILED
Apr 02, 2007 8:00 am
Secretary of State

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 270 NW 159TH STREET MIAMI, FL 33167		Mailing Address 270 NW 159TH STREET MIAMI, FL 33167 33169	
2. Principal Place of Business - No P.O. Box # 270 NW 159th Street Suite, Apt. #, etc.		3. Mailing Address 270 NW 159th Street Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33169		Zip 33169	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-8730950		Applied For Not Applicable	
5. Certificate of Status Desired X		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRVING, LINDA 270 NW 159TH STREET MIAMI, FL 33167		7. Name and Address of New Registered Agent 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 _____ (Signature, typed or printed name of registered agent and title of appointment. (NOTE: Registered Agent signature required when reinstating)) DATE _____			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING, John T. Jr. 270 NW 159th Street Miami, FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE:  John Irving 1/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			