


FILED
Apr 23, 2007 8:00 am
Secretary of State

03-27-2007 90201 022 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000054002 1. Entity Name STARFISH HOUSE, LLC	
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Principal Place of Business 3540 FOREST HILL BLVD. SUITE 203 WEST PALM BEACH, FL 33406	Mailing Address 3540 FOREST HILL BLVD. SUITE 203 WEST PALM BEACH, FL 33406
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30005421



2. Principal Place of Business - No P.O. Box # 2141 Ascott Road Suite, Apt. #, etc.	3. Mailing Address 2141 Ascott Road Suite, Apt. #, etc.
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03072007 Chg-LLC CR2E083 (12/06)

City & State Juno Beach FL Zip 33408 Country US	City & State Juno Beach FL Zip 33408 Country US
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4. FEI Number 20-5575704	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> manager Lee W Heatm 2141 Ascott Rd Juno Beach FL 33408 </div>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE  Lee W Heatm	Date 3/21/07	Deponent Phone # 561-833-5500
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