

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000062819**

1. Entity Name  
LODESTAR INTERESTS LLC



Principal Place of Business

5345 ORTEGA BOULEVARD

SUITE 7

JACKSONVILLE, FL 32210 US

Mailing Address

5345 ORTEGA BOULEVARD

SUITE 7

JACKSONVILLE, FL 32210 US



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

16-1764774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHROADS, JAMES L  
914 ATLANTIC AVENUE  
SUITE 2E  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000902364  
04/30/08-80003-019 138.75

9. MANAGING MEMBERS/MANAGERS

|                |                                |
|----------------|--------------------------------|
| TITLE          | MGR                            |
| NAME           | WEDEKIND, LEE D JR.            |
| STREET ADDRESS | 5345 ORTEGA BOULEVARD, SUITE 7 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32210         |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.15.08

Date

904 388 0068

Daytime Phone #