


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90128 004 ****55.00

DOCUMENT # L06000076048

1. Entity Name
STARS IN SKY, LLC



Principal Place of Business
 1306 WEST INDIANHEAD DRIVE
 TALLAHASSEE, FL 32301 US

Mailing Address
 1306 WEST INDIANHEAD DRIVE
 TALLAHASSEE, FL 32301 US

2. Principal Place of Business - No P.O. Box #
 1306 West Indianhead Drive

3. Mailing Address
 1306 West Indianhead Drive

Suite, Apt. #, etc.

City & State
 Tallahassee, Florida

City & State
 Tallahassee, Florida

Zip
 32301

Country
 USA



01052007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

STARZINSKI, MICHAEL A
1306 WEST INDIANHEAD DRIVE
TALLAHASSEE, FL 32301

4. FEI Number
 20-6391488

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 N/A

Street Address (P.O. Box Number is Not Acceptable)

City
 FL Zip Code

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 N/A 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARZINSKI, MICHAEL A 1306 WEST INDIANHEAD DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARZINSKI, RAHAYU M 1306 WEST INDIANHEAD DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARZINSKI, RAHAYU M 1306 WEST INDIANHEAD DRIVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Michael Starzinski* **Michael Starzinski** **1/05/2007** **850-980-2531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #