

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084575

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** STAR HOMES MANAGEMENT & MAINTENANCE, LLC

**Current Principal Place of Business:**

18125 NW 17TH AVENUE  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

1851 ALI BABA AVE  
200  
OPA LOCKA, FL 33054

**Current Mailing Address:**

18125 NW 17TH AVENUE  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

1851 ALI BABA AVE  
200  
OPA LOCKA, FL 33054

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GLAVE, MATEKA  
18125 NW 17TH AVENUE  
MIAMI GARDENS, FL 33169 US

**Name and Address of New Registered Agent:**

GLAVE, MATEKA  
1851 ALI BABA AVE  
200  
OPA LOCKA, FL 33054 US

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.

SIGNATURE: MATEKA GLAVE

05/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GLAVE, MATEKA  
Address: 18125 NW 17TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM (X) Delete  
Name: CHAMBERS, PAULETTE  
Address: 18125 NW 17TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GLAVE, MATEKA  
Address: 1851 ALI BABA AVE SIUTE 200  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATEKA GLAVE

MGRM

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date