



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90038 025 ****50.00

DOCUMENT # L06000105154 1. Entity Name STAR, LLC			
Principal Place of Business 185 S.E. 14TH TERRACE, #2810 MIAMI, FL 33131		Mailing Address 185 S.E. 14TH TERRACE, #2810 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 8062 W Sample Road		3. Mailing Address 8062 W Sample Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MARGATE FL		City & State MARGATE FL	
Zip 33065		Zip 33065	
Country 		Country 	
4. FEI Number 20-8209125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAT, JEAN-JACQUES 185 S.E. 14TH TERRACE, #2810 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name AMAT Jean Jacques Street Address (P.O. Box Number is Not Acceptable) 1925 Brickell Av # 181 City Miami FL Zip Code 33129	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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	MGR AMAT, JEAN-JACQUES 185 S.E. 14TH TERRACE, #2810 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 04.26.07 Daytime Phone # 754.366.2283	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			