2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # L07000043924 04-07-2008 90242 001 ***971.25 1. Entity Name DAYSTAR FINANCING, LLC Principal Place of Business Mailing Address 30003346 1199 HILLSBORO MILE, UNIT 129 1199 HILLSBORO MILE, UNIT 129 HILLSBORO BEACH, FL 33062 HILLSBORO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIFKA, MARWAN 1199 HILLSBORO MILE, UNIT 129 Street Address (P.O. Box Number is Not Acceptable) HILLSBORO BEACH, FL 33062 City 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGR TITLE ☐ Delete HITLE ☐ Addition BYKER, DAVID G NAME NAME STREET ADDRESS PO BOX 158 STREET ADDRESS GRANDVILLE, MI 49468 CHIY-SI-ZIP CITY-S1-ZIP MGR ☐ Delete TITLE TITLE ☐ Change ☐ Addition PHAIR, IAN **PO BOX 158** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRANDVILLE, MI 49468 CITY-ST-ZIP MGR TITLE ☐ Delete DILE ☐ Change ☐ Addition HUNDLEY, PATRICK V NAME NAME STREET ADDRESS **PO BOX 158** STREET ADDRESS CITY-ST-ZIP GRANDVILLE, MI 49468 CITY-ST-ZIP **X** Delete TITLE MGR TITLE ☐ Change □ Addition JONKER, DENNIS G NAME NAME STREET ADDRESS **PO BOX 158** STREET ADDRESS GRANDVILLE, MI 49468 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete SITE ☐ Change Addition NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-ZIP

3-31-08 616-534-8100 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRES