


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90266 012 ***138.75

DOCUMENT # L07000050019					
1. Entity Name NORTH STAR ALLIANCE, LLC					
Principal Place of Business 2089 DONNAN RD. GALWAY, NY 12074			Mailing Address 2089 DONNAN RD. GALWAY, NY 12074		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 236 Indian Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Anderson, SC		4. FEI Number 26-0169326	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 29625		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HESS, BRIAN 9108 FRONT BEACH RD PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name 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 _____ (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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEERWAGEN, VALERIE 42 NORTH STAR DR. MORRIS TOWNSHIP, NJ 07960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEERWAGEN, CHRITOPHER 236 INDIAN TRAIL ANDERSON, SC 29625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIENKOWSKI, JOHN 2089 DONNAN RD. GALWAY, NY 12074	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Christopher Heerwagen</i>			3/7/08 864 934 9700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		