


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90066 024 \*\*\*143.75

<b>DOCUMENT # L07000067343</b>	
1. Entity Name <b>STARFISH PROPERTIES LLC</b>	

Principal Place of Business <b>7613 CITRUS HILL LANE NAPLES, FL 34109</b>	Mailing Address <b>7613 CITRUS HILL LANE NAPLES, FL 34109</b>
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2. Principal Place of Business - No P.O. Box # <b>10 PEPITA STREET</b>	3. Mailing Address <b>10 PEPITA STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. MYERS BEACH, FL</b>	City & State <b>FT. MYERS BEACH, FL</b>
Zip <b>33931</b>	Zip <b>33931</b>
Country <b>USA</b>	Country <b>USA</b>



07062008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0429419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102</b>	
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7. Name and Address of New Registered Agent	
Name <b>JACK MEZESKE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10 PEPITA STREET</b>	
City <b>FT. MYERS BEACH</b>	FL Zip Code <b>33921</b>

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 	<b>JACK MEZESKE</b>	DATE <b>7/8/08</b>
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLOYD, SEAN 7613 CITRUS HILL LANE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEZESKE, JACK 7613 CITRUS HILL LANE NAPLES, FL 34109 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 	<b>JACK MEZESKE</b>	DATE <b>7/8/08</b>	DAYTIME PHONE # <b>239-273-4212</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			