

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

09 MAR 17 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000094007					
1. Entity Name STAR TITLE PARTNERS OF TAMPA, L.L.C.					
Principal Place of Business 3450 BUSCHWOOD PARK DRIVE, SUITE 345 TAMPA, FL 33618			Mailing Address 3450 BUSCHWOOD PARK DRIVE, SUITE 345 TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 06-1825112			5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent UBALDINI, NICOLA 35096 U.S. HWY. 19 NORTH, SUITE 100 PALM HARBOR, FL 34684			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 _____ DATE _____ (Signature, name or printed name of registrant (SBN) and title is applicable) (NOTE: Registered Agent Signature Required when relocating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U STAR, INC. 3450 BUSCHWOOD PARK DRIVE, SUITE 345 TAMPA, FL 33618	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000145906160 04/07/08--90233--020 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMR Nichola Ubaldini 866 Point Sideside Dr Crystal Beach FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMR GARY UBALDINI 866 Point Sideside Dr Crystal Beach FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

N.  MAR 17 2009