2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# L08000021214

Entity Name: STARFOX LLC

Current Principal Place of Business:

2540 HALF MOON WALK
NAPLES, FL 34102

New Principal Place of Business:

1045 FIRST AVE.
SUITE 120
KING OF PRUSSIA, PA 19406

Current Mailing Address:

2540 HALF MOON WALK
NAPLES, FL 34102

New Mailing Address:

1045 FIRST AVE.
SUITE 120
KING OF PRUSSIA, PA 19406

FEI Number: 26-2278484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOXHOVEN, CRAIG A
Address: 2540 HALF MOON WALK
City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOXHOVEN, CRAIG A
Address: 1045 FIRST AVE., SUITE 120
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: DT ( ) Change (X) Addition
Name: FOXHOVEN, REBECCA D
Address: 1045 FIRST AVE, SUITE 120
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VP ( ) Change (X) Addition
Name: FOXHOVEN, CRAIG A JR
Address: 1045 FIRST AVE., SUITE 120
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S ( ) Change (X) Addition
Name: FOXHOVEN, PAUL M
Address: 1045 FIRST AVE., SUITE 120
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG A FOXHOVEN MGMR 07/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date