

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047914

FILED
Jan 19, 2009
Secretary of State

Entity Name: STAR HOME PRODUCTS, LLC

Current Principal Place of Business:

5200 NW 165 ST
MIAMI, FL 33014

New Principal Place of Business:

16600 NW 54 AVENUE
SUITE 20
MIAMI, FL 33014

Current Mailing Address:

5200 NW 165 ST
MIAMI, FL 33014

New Mailing Address:

16600 NW 54 AVENUE
SUITE 20
MIAMI, FL 33014

FEI Number: 26-2775474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKHOURI, SAMI J
1732 HARBOR VIEW CIR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

ELKHOURI, SAMI
16600 NW 54 AVENUE
SUITE 20
MIAMI, FL 33014 US

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: SAMI ELKHOURI

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ELKHOURI, SAMI J
Address: 1732 HARBOR VIEW CIR
City-St-Zip: WESTON, FL 33327

Title: VPRE () Delete
Name: ELKHOURI, CLAUDIA M
Address: 1732 HARBOR VIEW CIR
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ELKHOURI, SAMI
Address: 1732 HARBOR VIEW CIR
City-St-Zip: WESTON, FL 33327

Title: VPRE (X) Change () Addition
Name: ELKHOURI, CLAUDIA
Address: 1732 HARBOR VIEW CIR
City-St-Zip: WESTON, FL 33327

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: SAMI ELKHOURI

PRES

01/19/2009

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