

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056331

FILED
Feb 16, 2009
Secretary of State

Entity Name: STAR CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

1445 WINDJAMMER WAY
HOLLYWOOD, FL 33019

New Principal Place of Business:

3363 NE 163 STREET
SUITE 705
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

1445 WINDJAMMER WAY
HOLLYWOOD, FL 33019

New Mailing Address:

3363 NE 163 STREET
SUITE 705
NORTH MIAMI BEACH, FL 33160

FEI Number: 26-3273809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE 418
MIAMI BEACH, FL 33139 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: MGR () Delete
Name: GOLDSTEIN, LEON
Address: 1934 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDSTEIN, LEON
Address: 3363 NE 163 STREET, SUITE 705
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Change (X) Addition
Name: FIRER, OLEG
Address: 3363 NE 163 STREET, SUITE 705
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: LEON GOLDSTEIN

MGR

02/16/2009

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