


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000084151	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 28 PM 12:10

Principal Place of Business 961687 GATEWAY BLVD 201-H AMELIA ISLAND, FL 32034	Mailing Address 961687 GATEWAY BLVD 201-H AMELIA ISLAND, FL 32034
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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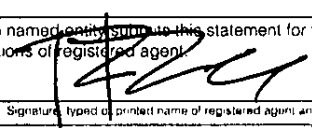
05122010 Chg-LLC CR2E083 (11/08)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RICE, RANDOLPH L 961687 GATEWAY BLVD. 201-H AMELIA ISLAND, FL 32034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/24/2010
DATE

FILE NOW!!! FEE IS \$138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICE, RANDOLPH L 961687 GATEWAY BLVD STE 201-H AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WETHERHILL, PAUL D 853 ATLANTIC VIEW DRIVE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFFE, LINDSEY D 5459 S. FLETCHER AVE. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500181479215 05/28/10--01031--002 **138.75
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"/> Change <input type="checkbox"/> Addition
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"/> 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 owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/24/2010
Date

904-491-0072
Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2010

STAR 21, LLC
961687 GATEWAY BLVD
201-H
AMELIA ISLAND, FL 32034

SUBJECT: STAR 21, LLC
Ref. Number: L09000084151

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section
Division of Corporations Letter Number: 810A00012246