


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000001252		
1. Entity Name STARLING PROPERTIES, LLC		

FILED
04 OCT 22 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 16163 TALLAHASSEE, FL 32317	Mailing Address PO BOX 16163 TALLAHASSEE, FL 32317
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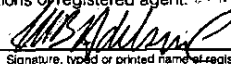
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10222004 REIN-LLC CR2E101 (6/04)

4. FEI Number 59-3525474		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ADELSON, M.B. 3387 EAST LAKESHORE DR TALLAHASSEE, FL 32312		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:  DATE: 10-22-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$50.00. After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIMBERLEY, ARTHUR P PO BOX 16163 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELL, CHARLES R PO BOX 16163 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 

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10/23/04--01091--011 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE:  Registered Agent & Authorized Representative 10-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #