

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001252

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: STARLING PROPERTIES, LLC

**Current Principal Place of Business:**

PO BOX 16163  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

610 E. 6TH AVENUE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 16163  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 59-3525474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADELSON, M.B.  
3387 EAST LAKESHORE DR  
TALLAHASSEE, FL 32312      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: WIMBERLEY, ARTHUR P  
Address: PO BOX 16163  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR ( ) Delete  
Name: HOWELL, CHARLES R  
Address: PO BOX 16163  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WIMBERLEY, ARTHUR P  
Address: 610 E. 6TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Change ( ) Addition  
Name: HOWELL, CHARLES R  
Address: 610 E 6TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

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: ARTHUR P. WIMBERLEY

MGR

04/30/2007

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