2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # L98000003140 J.J. STARFIND, L.L.C. Principal Place of Business Mailing Address 6465 SW 84 STREET MIAMI FL 33143 P.O. BOX 430340 MIAMI FL 33243-0340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. III, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 65-0891203 Not Applica Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BURELL & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) **6465 SW 84 STREET** MIAMI FL 33143 City Zip Code 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 acce the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and inte it appricable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change A.i. NAME MARTIN, LEO NAME STREET ADDRESS 6465 SW 84 STREET STREET ADDRESS U00000434328 CITY-ST-MP MIAMI FL 33143 City-ST-ZiP 04/20/06-80065-003-50.00 me ☐ Defete THLE NAME NAME STREET ADORESS STREET ADDRESS CATY-ST-ZIP C13Y - S1 - 71P TITLE ☐ Delete TOTAL [Change □ A: NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUY-ST-ZIP TITLE ☐ Oelete DDF Change ☐ A.i. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Detete 37TLE ☐ Change 日台 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 71715 ☐ Delete Change HASAC NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 limited liability company by the receiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED