## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000001669

1. Entity Name

SIX STAR PROPERTIES, L.L.C.

Principal Place of Business

Mailing Address

2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909

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## FILED Jan 22, 2004 08:00 AM Secretary of State



01192004 No Chg-LLC

CR2E083 (10/03)

FEI Number
 65-0906207

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

20-2000

Daytime Phone #

Dale

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)  DATE			
Fi	Hing Fee is \$50.00 ue by May 1, 2004		
9.	MANAĞINĞ MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAYHORN, MICHAEL M 5690 HARBORAGE DRIVE FORT MYERS, FL 33908		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		U00000010168 01/22/04-80021-005 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	for a significant for the field		— <u></u>
TITLE NAME STREET ADDRESS GITY-ST-ZIP	· t · · · · · · · · · · · · · · · · · ·		·

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