

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90002 035 ****50.00

DOCUMENT # L99000002231

1. Entity Name

STAR LAND COMPANY, LLC



Principal Place of Business

% SUNTRUST BANK/ KELLEY CORBRIDGE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

Mailing Address

P.O. BOX 2018
SARASOTA FL 34230-2018

2. Principal Place of Business

3. Mailing Address

P.O. Box 1847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Venice, FL

Zip

Country

Zip

34284-1847

Country

USA

4. FEI Number

65-0916498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGH, KAREN
C/O SUNTRUST BANK
200 S. NOKOMIS AVE
VENICE FL 34285

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SUNTRUST BANK, GULF COAST, TRUSTEE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SunTrust Bank, Trustee
200 S. Nokomis Ave
Venice, FL 34285 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SUNTRUST BANK, GULF COAST, TRUSTEE
1777 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236 ☐ Delete

TITLE
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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:

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

Date

Daytime Phone #

8/30/04 941.486.4410