

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0019840

DOCUMENT # L99000002231

1. Entity Name

STAR LAND COMPANY, LLC



FILED

03 OCT -2 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0916498	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Karen J. Hough
Street Address (P.O. Box Number is Not Acceptable): c/o SunTrust Bank
200 S. Nokomis Ave
City: Venice FL Zip Code: 34285

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: Karen J. Hough Karen J. Hough 9/24/03
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when updating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUNTRUST BANK, GULF COAST, TRUSTEE			NAME			
STREET ADDRESS	1777 MAIN STREET, 7TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: KAREN J. HOUGH 9/24/03 941-486-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)