LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBS)

DOCUMENT # L99000003185

1. Entity Name

BLACKSTAR CONSULTING, L.L.C.



	DO NOT WRITE	IN THIS SP	ACE	~~~ ~~~~~
	lace of Business lest Atlantic Blvd #, etc. /04	3. Mailing Address 10619 West A Suite, Apt. #, etc. Suite 104	HANTIC Blud	DO NOT WRITE IN THIS SPACE
City & Stat	Springs FL.	City & State	IOS FL.	4. FEI Number Applied For Not Applicable
33701	Country	3370/	Country	5. Certificate of Status Desired Status Desired Fee Required
				7. Name and Address of Current Registered Agent
	DO NOT W		Name NICOLA Street Address (P.O. Box Number is Not Acceptable)
	IN THIS SP	ACE	3800 N	E Third AUC PL Zip Code O Beach FL Zip Code O C C C C C C C C C C C C C C C C C C
8. The above named entity subhits the statement for the purpose of hanging 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 .	Senature, typed or printed name of legislated agent ar	d title if applicable.		4/d9/03 DATE
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
9.	MANAGING MEMBER	S/MANAGERS		
NAME STREET ADDRESS	MGRM Dreamlink Enterpr 10619 West Atlanti	c Blud, # 104	NAME STREET ADDRESS	
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				