

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90054 022 ****50.00

DOCUMENT # L99000003371

1. Entity Name

CAPSTAR, L.L.C.



Principal Place of Business

Mailing Address

**6175 CLARK CENTER AVE
SARASOTA FL 34238**

**1605 N. CEDAR CREST BLVD., STE. 508
ALLENTOWN PA 18104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1007081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**BETTERTON, GREG A
981 RIDGEWOOD AVENUE, SUITE 101
VENICE FL 34292**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MEM	THE ANDESA COMPANIES	1605 N. CEDAR CREST BLVD., STE. 508	ALLENTOWN PA 18104	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	THE COCHLAN ORGANIZATION	TWO PRUDENTIAL PLAZA, STE. 980	CHICAGO IL 60601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	THE PENDLETON CORPORATION	6800 PARAGON PLACE, STE. 234	RICHMOND VA 23230	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	COLLIER TECHNOLOGY GROUP	8365 SHADOW PINE WAY	SARASOTA FL 34238	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	COLLIER, PHILLIP V	8365 SHADOW PINE WAY	SARASOTA FL 34238	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

5/01/03 **6108218650**

CR2E083 (10/02)