


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 048 ****50.00

DOCUMENT # L99000006021					
1. Entity Name STARBRIDGE ADVISORS LLC					
Principal Place of Business 101 EAST KENNEDY BOULEVARD SUITE 1250 TAMPA, FL 33602-5197			Mailing Address 101 EAST KENNEDY BOULEVARD SUITE 1250 TAMPA, FL 33602-5197		
2. Principal Place of Business 331 S. Florida Avenue Suite, Apt. #, etc. Suite 400 City & State Lakeland, FL Zip 33801		3. Mailing Address 331 South Florida Ave. Suite, Apt. #, etc. Suite 400 City & State Lakeland, FL Zip 33801		03282005 Chg-LLC CR2E083 (10/03)	
Country USA		Country USA		4. FEI Number 59-3598966	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EANETT, DARLENE D 331 S. FLORIDA AVE., SUITE 400 LAKELAND, FL 33801-4626			7. Name and Address of New Registered Agent 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 <u>Darlene Eanett</u> <u>Darlene Eanett</u> 4-8-05 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATKINSON, JOHN M 101 EAST KENNEDY BOULEVARD, SUITE 1250 TAMPA, FL 336025197	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Eanett, Darlene D. 331 S. Florida Ave, Suite 400 Lakeland, FL 33801 4626
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Michael J Gardyas 331 S. Florida Ave.; Suite 400 Lakeland, FL 33801-4626	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Darlene Eanett</u> <u>Darlene Eanett</u> 4-8-05 863-687-4010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					