



**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 Country USA | | 3. Mailing Address 331 South Florida Ave. Suite, Apt. #, etc. Suite 400 City & State Lakeland, FL Zip 33801 Country USA | |
| | |  | |
| | | 03282005 Chg-LLC CR2E083 (10/03) | |
| | | 4. FEI Number 59-3598966 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 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 | | DATE | |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 checked="" type="checkbox"/> Addition |
| 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 |
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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: | | DATE | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |
| SIGNATURE: <i>Darlene Eanett</i> <i>Darlene Eanett</i> | | 4-8-05 863-687-4010 | |