


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L99000006191 1. Entity Name STAR MANUFACTURING, LLC |  |
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|---|---|
| Principal Place of Business 5255 N.W. 159TH ST. MIAMI, FL 33014 | Mailing Address 5255 N.W. 159TH ST. MIAMI, FL 33014 |
|---|---|

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01092004 No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0950621 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
1700 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131

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IN THIS SPACE**

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

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| Filing Fee is \$50.00 Due by May 1, 2004 | U000000074106 03/03/04-80004-018 50.00 |
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9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR IACOVELLI, MARC 5255 N.W. 159TH ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRUSZEWSKI, TOM 5255 N.W. 159TH ST MIAMI, FL |
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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: TOM KRUSZEWSKI 2/23/04 (305) 908-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #