

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000006191

1. Entity Name

STAR MANUFACTURING, LLC



Principal Place of Business

**5255 N.W. 159TH ST.
MIAMI, FL 33014**

Mailing Address

**5255 N.W. 159TH ST.
MIAMI, FL 33014**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0950621

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2006**

**1100000403921
02/06/06-80025-021 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	IACOVELLI, MARC
STREET ADDRESS	5255 N.W. 159TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	MGR
NAME	KRUSZEWSKI, TOM
STREET ADDRESS	5255 N.W. 159TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* TOM KRUSZEWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/06 (305) 908-5355