2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000022

Entity Name: JENKINS STARR, LLC

Address:

City-St-Zip:

6 LITTLEFIELD ROAD

ACTON, MA

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 70 INDUSTRIAL DR. HOLDEN, MA 01520 **Current Mailing Address: New Mailing Address:** 70 INDUSTRIAL DR. HOLDEN, MA 01520 FEI Number: 04-3541622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JENKINS, RUTH Name: Name: Address: 4040 IRONWOOD CIRCLE APT 302 Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: STARR, JANET Name: Address: 51 LACONIA ROAD Address: City-St-Zip: WORCESTER, MA City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LORING, ANNETTE Name: Name: 73 LEXINGTON CIRCLE Address: Address: City-St-Zip: HOLDEN, MA City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: STARR, CHRISTOPHER L Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: ANNETTE LORING MGRM 01/20/2005