




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90030 005 ****55.00

DOCUMENT # M02000001839

1. Entity Name
FOUR STAR, L.L.C.



Principal Place of Business Mailing Address

211 S. WALNUT STREET **211 S. WALNUT STREET**
MUNCIE, IN 47305 **MUNCIE, IN 47305**

69003166



01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
35-2086117 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLARDT, JOSEPH E JR.
7150 ESTERO BLVD., #501
FT. MYERS, FL 33931

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENO, DANIEL C 4400 W. BEECHWOOD AVE. MUNCIE, IN 47304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLARDT, BRIAN L 2604 W. TWICKINGHAM DR. 211 S. WALNUT ST. MUNCIE, IN 47304 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLARDT, JOSEPH E III 620 S. BIVIERA LN. 211 S. WALNUT ST YORKTOWN, IN 47396 MUNCIE IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNETH MCCOY 211 S. WALNUT ST MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH E ALLARDT JR. 211 S WALNUT ST MUNCIE IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Brian Allardt* 1/14/04 765-288-8493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #