## LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003178

1. Entity Name



## Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91001 043 \*\*\*\*50.00

PRISTAR	LLC			<i>f</i>	
	DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business		3. Mailing Address		7	
13400 Periwintle Auc		Same			
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State		City & State		4. FEI Number	Applied For
Same				14-3068298	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
Zip FL	us	Zip 33776		<u> </u>	Fee Required
				7. Name and Address of Current Registere	d Agent
	DO NOT W	DITE	Name LA	Vera Blance	1
	DO_NO.T_W		(P.O. Box Number is:Not Acceptable)		
	IN THIS SE	PACE	<u> /34</u>	00 Periwiakle Au	
			City	FL	Zip Code
9 The chouse	and actity submits this statement to	r the purpose of abassina		ered agent, or both, in the State of Florida. I am	- 33/16
	ons of registered agent.	ir the pulpose of changing i	is registered office or registe	ered agent, or both, in the State of Florida. Fam.	arilliar with, and accept
SIGNATURE ~	Signature, typed or printed name of registered agent	and title if applicable	·	DATE	
	organicals, typed or printed halife or registation agent	and the mappicable	TET IC CEA AN	OAL CONTRACTOR OF THE CONTRACT	
		Maka Chark Dava	FRE IS \$50.00 ble to Florida Departmi	ant of State	
	•		DUE BY MAY 1	ent of Glate	
	MANAGING MEMBE	4-13-14-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	DOL DI WALL		
9.	MANAGING MEMBE	HS/MANAGEHS			
TITLE NAME	Member D. B. II		TITLE NAME		0/6
STREET ADDRESS	Douglas Bell 53 Fox Meadow Dr	•	STREET ADDRESS		
CITY-ST-ZIP	Sickleruille NIJ		CITY-S1+ZIP		100
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TITLE			TITLE	IN THIS SPACE	^E I
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY_ST-ZIP		
<del>+</del>			Conservation of the conser		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
L	ertify that the information supplied with	this filing does not qualify f	Abstractional Tables Committee Committee	section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
	, and the second				

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

727-394.7096