


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90273 040 ****50.00

DOCUMENT # M03000000467	
1. Entity Name STARKEY ROAD ASSOCIATES, L.L.C.	

Principal Place of Business 5801 NORTH CONGRESS AVE. BOCA RATON, FL 33434	Mailing Address 5801 NORTH CONGRESS AVE. BOCA RATON, FL 33434
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2. Principal Place of Business 5801 Congress Avenue	3. Mailing Address 5801 Congress Avenue
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Boca Raton, Florida	City & State Boca Raton, Florida
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Zip 33487	Country	Zip 33487	Country
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01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3691307	Applied For <input type="checkbox"/> 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 MOMBACH, GEOFFREY S ESQ. 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAVLIK, MITCHELL 5801 NORTH CONGRESS AVE. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Steve Wolf 5801 Congress Avenue Boca Raton, Florida 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: 	Steve Wolf, Managing Member 2/26/05 561-498-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	