# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M03000000467

**1.** Entity Name
STARKEY ROAD ASSOCIATES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 5801 CONGRESS AVENUE<br>BOCA RATON, FL  33434 | 5801 CONGRESS AVENUE<br>BOCA RATON, FL  33434 |

## DO NOT WRITE IN THIS SPACE

02062007 No Chg-LLC        CR2E083 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 04-3691307 | Not Applicable |

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

**6.** Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ.
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL  33394

## 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, 2007**

U00000638386
02/27/07-80029-014 50.00

**9.**         MANAGING MEMBERS/MANAGERS

| TITLE | MGRM |
|---|---|
| NAME | WOLF, STEVE |
| STREET ADDRESS | 5801 CONGRESS AVENUE |
| CITY-ST-ZIP | BOCA RATON, FL  33487 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 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 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: _____        Steve Wolf    2/12/07    561-498-5600

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