

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # M03000002701

**1. Entity Name
STARNES LLC**



Principal Place of Business

**4166 STAGHORN LANE
WESTON, FL 33331**

Mailing Address

**4166 STAGHORN LANE
WESTON, FL 33331**

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

51-0472785

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STARNES, WILLIAM R
4166 STAGHORN LANE
WESTON, FL 33331**

**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, 2005**

000000186586
01/21/05-80063-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STARNES, WILLIAM R
STREET ADDRESS	4166 STAGHORN LANE
CITY - ST - ZIP	WESTON, FL 33331
TITLE	MGRM
NAME	STARNES, ANA R
STREET ADDRESS	4166 STAGHORN LANE
CITY - ST - ZIP	WESTON, FL 33331
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 exemption stated in Section 119.07(3)(f), 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:

William R. Starnes

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

01-17-2005 (954) 349-5416

Date

Daytime Phone #