

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90049 007 \*\*\*\*50.00

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<b>DOCUMENT # M04000002492</b>					
<b>1. Entity Name</b> ASTAR ASB FL9, LLC					
<b>Principal Place of Business</b> 15601 DALLAS PARKWAY STE. 400 ADDISON, TX 75001			<b>Mailing Address</b> 15601 DALLAS PARKWAY STE. 400 ADDISON, TX 75001		
<b>2. Principal Place of Business</b> 1114 Ave. of Americas Suite, Apt. #, etc. 27 <sup>th</sup> Floor City & State New York, NY Zip 10036		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country US		04182005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> APPLIED FOR 65-1228107		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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 the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGRM ASTAR ASB HOLDINGS LLC 15601 DALLAS PARKWAY STE. 400 ADDISON, TX 75001	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			Geoffrey M. Dugan Authorized Rep. 4/18/05 415-3		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Day					