

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90109 015 \*\*\*\*50.00

20052586



<b>DOCUMENT # M04000002498</b> 1. Entity Name ASTAR ASB FL4, LLC					
Principal Place of Business 15601 DALLAS PARKWAY, STE. 401 ADDISON, TX 75001			Mailing Address 15601 DALLAS PARKWAY, STE. 401 ADDISON, TX 75001		
2. Principal Place of Business 1114 Ave. of Americas Suite, Apt. #, etc. 27th Floor City & State New York, NY Zip 10036		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US		04182005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number APPLIED FOR 65-1228102		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASTAR ASB HOLDINGS, LLC 15601 DALLAS PARKWAY, STE. 401 ADDISON, TX 75001 <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Geoffrey M. Sugan, 4/18/05 415-391-4300 Authorized Rep.    Date    Daytime Phone #		