

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002498

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** ASTAR ASB FL4, LLC

**Current Principal Place of Business:**

1114 AVE. OF AMERICAS  
27TH FLOOR  
NEW YORK, NY 10036

**New Principal Place of Business:**

1114 AVE. OF THE AMERICAS  
39TH FLOOR  
NEW YORK, NY 10036

**Current Mailing Address:**

1114 AVE OF THE AMERICAS  
27FL  
NEW YORK, NY 10036

**New Mailing Address:**

1114 AVE OF THE AMERICAS  
39 FL  
NEW YORK, NY 10036

FEI Number: 65-1228102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASTAR ASB HOLDINGS., LLC  
Address: 1114 AVE OF THE AMERICAS, 27FL  
City-St-Zip: NEW YORK, NY 10036

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ASTAR ASB HOLDINGS., LLC  
Address: 1114 AVE OF THE AMERICAS, 39FL  
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEOFFREY M. DUGAN

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04/16/2008

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date