## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AN
Secretary of State

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DOCUMENT # M0400003328  1. Entity Name NORTH STAR HOSPITALITY, LLC				Secretary of Sta	
				4	
Principal Place of Business Mailing Address 96016 ROXABOGUE DR. 96016 ROXABOGUE DR. FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 320			2034		
E		TE IN THIS SPA	<b>\CE</b>	01102007 No Chg-LLC CR2E083 (11/05)  4. FEI Number	
······································	6. Name and Address of Cu	rent Registered Agent			-
STAPLES, DENNIS 96016 ROXABOGUE DR. FERNANDINA BEACH, FL 32034			DO NOT WRITE IN THIS SPACE		
the obliga	Signature, typed or printed name of registered litting Fee is \$50.00 hue by May 1, 2007	ent for the purpose of changing its regist. spent and title if applicable (NOTE Regist	ered Agent signature required	and the second	DATE
9.	MANAGING MI	MBERS/MANAGERS	1		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP	MGRM STAPLES, JILL A 96016 ROXABOGUE DRIVE FERNANDINA BEACH, FL			Unooon UU/16/07-	586168 80042-016 <b>50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	'RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				••••	
TITLE	l		•		

11. I hereby certify that the information supplied with this filling 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: JULY. Staples
SIGNATURE AND THEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY - ST-ZIP

1/12/2007

904-725-9424

Date

Bayome Phone #