

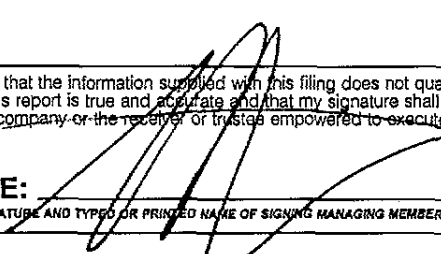


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004507						
1. Entity Name TELSTAR CAPITAL LLC						
Principal Place of Business 4106 MARIAH CIR. FT. PIERCE, FL 34947	Mailing Address 4106 MARIAH CIR. FT. PIERCE, FL 34947	 04172006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 02-0572223</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 02-0572223	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent KNUTSON, PAUL 4106 MARIAH CIR. FT. PIERCE, FL 34947		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
Filing Fee is \$50.00 Due by May 1, 2006						
9. MANAGING MEMBERS/MANAGERS		<div>U000000537623 05/09/06-80026-004 50.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	MGR					
NAME	CAPRON, TIMOTHY G					
STREET ADDRESS	4106 MARIAH CIR.					
CITY-ST-ZIP	FT. PIERCE, FL 34947					
TITLE	MGR					
NAME	KNUTSON, PAUL					
STREET ADDRESS	4106 MARIAH CIR.					
CITY-ST-ZIP	FT. PIERCE, FL 34947					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing 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: 						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>						
<small>Date _____ Daytime Phone # _____</small>						