

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001336

Entity Name: AMERICAN STAR REALTORS, LLC

FILED
Feb 25, 2006
Secretary of State

Current Principal Place of Business:

8615 WESTWOOD CENTER DR, 4TH FLOOR
VIENNA, VA 22182

New Principal Place of Business:

3926 PENDER DR; 1ST FL
FAIRFAX, VA 22030

Current Mailing Address:

8615 WESTWOOD CENTER DR, 4TH FLOOR
VIENNA, VA 22182

New Mailing Address:

3926 PENDER DR; 1ST FL
FAIRFAX, VA 22030

FEI Number: 20-2305912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: OLIVERIO, DAVID J
Address: 8615 WESTWOOD CENTER DR, 4TH FLOOR
City-St-Zip: VIENNA, VA 22182

Title: MGRM () Delete
Name: ROMANO, JOHN J
Address: 8615 WESTWOOD CENTER DR, 4TH FLOOR
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVERIO, DAVID J
Address: 3926 PENDER DR; 1ST FL
City-St-Zip: FAIRFAX, VA 22030

Title: MGRM (X) Change () Addition
Name: ROMANO, JOHN J
Address: 3926 PENDER DR; 1ST FL
City-St-Zip: FAIRFAX, VA 22030

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID J OLIVERO

MGRM

02/25/2006

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