


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -4 PM 1:30	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company STARABILIA'S L.L.C. C/O ALAN C. SKLAR, ESQ. 221 N. BUFFALO DRIVE, SUITE A LAS VEGAS NV 89128		DOCUMENT # M97000000116		1a. Principal Place of Business Address C/O ALAN C. SKLAR, ESQ. 221 N. BUFFALO DRIVE, SUITE LAS VEGAS NV 89128	
2. Principal Place of Business 1502 E. BUENA VISTA DR. Suite, Apt. #, etc. STE B1 City & State LAKE BUENA VISTA, FL Zip 32830 Country USA		2a. Mailing Address P.O. Box 22189 Suite, Apt. #, etc. City & State LAKE BUENA VISTA, FL Zip 32830 Country USA		3. Date Organized or Qualified 03/05/1997 3a. State of Formation NV 4. FEI Number 86-0856405 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report N/A 1st YEAR 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATE SERVICE CO, MPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code M844			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MENAKER MANAGEMENT, IN	P.O. BOX 10,000 5062 ISLEWORTH COUNTRY CLUB DRIVE		LAKE BUENA VISTA FL WINDERMERE, FL 34786 800002515958--5 -05/07/98--01103--025 ***188.75 ***188.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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 and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/28/98 407 827-0104