## 2000 LINIEODM RIIGINESS REDORT (LIRR)

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DOCUMENT # Z00652  1. Entity Name STARWALL, L.C.					SECRETARY OF STATE DIVISION OF CORNORATIONS  OO MAR 20 500				
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'	6. Name and Address of Current Registered Agent  Name BLAKE, GARY S.  Street  Street  WEST PALM BEACH FL 33401  City  The above named entity submits this statement for the purpose of changing its registered office.					۸	1		
					7-123	ไวา			
LAKE WORTH FL 33400									
2 Principal Place of Business 3 Mailing Address				·			COOK BOOK BOOK B		
z. Principal Pi	lace of pusitiess	3. Mailing Address		1					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
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City & State	e	City & State	City & State		umber 65-03543	75			
•						.75			
Zip	Country	Zip	Country	5Certif	icate of Status Desire	d	\$5.00 Add	litional	
	C. Nome and Address of Curren	t Registered Agent	<u></u>	7 Name	and Address of No	w Benisteren			
	o. Name and Address of Cuffen	rregisiereu Ageill	Name			1 -			
-RIAKE G	ARY'S				u				
Street Addition					umber is Not Accepta	ible)			
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			City	AKE U	UDRTH	FL		460	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or re	edistored agent	a both; in the State of	Florida.	<del></del>		
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SIGNATURE _	NIS (XOGER	STYERNUA	26 ( <del>1</del>	29/	nn		1/-2	000	
OIGIVATORIE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signal e	required when einstation	ng)	DATE			
		·	Mailing Address 901 S FEDERAL HWY LAKE WORTH FL 33460-5138  Mailing Address  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  4. FEI Number 65-0354275  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  Zip  Country  5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box/Aumber is Not Acceptable)  Pol S Federal Hwy  City  City  ARE  City  City						
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		Make Check Pa	iyable to Departme	ent of State					
9.	MANAGING MEM	RERS/MEMBERS	I 10		ADDITIO	NS/CHANGE	 S		
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11. I hereby o	certify that the information supplied wi	th this filing does not qualify fo	r the exemption stated	d in Section 119.0	07(3)(i), Florida Statut	es. I further ce	ertify that the in	nformation	
indicated	on this report is true and accurate an	d that my signature shall have	the same lead offoot	as if made under	roath; that I am a ma	naging memb	er or manage	r of the	
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SIGNAT		PINTED NAME OF SIGNING MANAGING	MEMBER OR MANAGER		Date	(	Daytime Phone #		
	SIGNATURE AND TYPED OR P	THE PRINCE OF SIGNING MANAGING	MEMOER UK MANAGEK		Date		рауане ⊏попе #		