


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # Z00652</b> 1. Entity Name STARWALL, L.C.	
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Principal Place of Business 901 S FEDERAL HWY LAKE WORTH, FL 33460	Mailing Address 901 S FEDERAL HWY LAKE WORTH, FL 33460
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01212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0354275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  STJERNVALL, ROGER 901 S FEDERAL HWY LAKE WORTH, FL 33460
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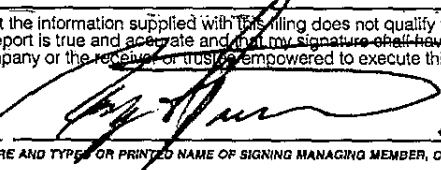
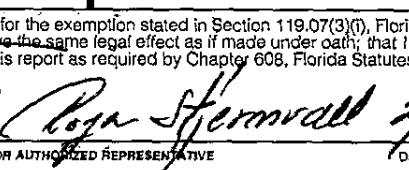
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STJERNVALL, ROGER 901 S FEDERAL HWY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STJERNVALL, BENITA 901 S FEDERAL HWY LAKE WORTH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000238855 02/22/05-80017-014 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   2/17-05 (SB) SSB-8/10		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>