


Jul 11,  
Sec

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M04000000334 1. Entity Name STELLAR FINANCIAL GROUP, LLC	
---	---

Principal Place of Business 1805 SARDIS RD N SUITE 130 CHARLOTTE, NC 28270	Mailing Address 1805 SARDIS RD N SUITE 130 CHARLOTTE, NC 28270
--	--

**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0452916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOTOW, ROBERT  
1025 33RD AVE SW  
VERO BEACH, FL 32968

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE-Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGANO, WILLIAM T 1805 SARDIS RD N SUITE 130 CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372107  
07/11/05-80014-021 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date: 7/5/05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE