

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006864**

1. Entity Name  
**STELLAR SOFTWARE LTD, CO.**



Principal Place of Business

7282 55TH AVE E  
PMB 219  
BRADENTON, FL 34203

Mailing Address

7282 55TH AVE E  
PMB 219  
BRADENTON, FL 34203

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0667879**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, CAROL  
136 GOLDEN GATE POINT  
#302  
SARASOTA, FL 34236

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
GREEN, CAROL B  
136 GOLDEN GATE POINT #302  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
GREEN, JAMES D  
136 GOLDEN GATE ST #302  
SARASOTA, FL 34236

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

1000000184490  
01/20/05-80031-017 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:**

*Carol B Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-05