
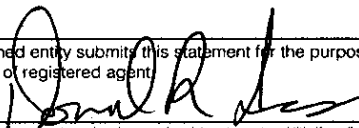
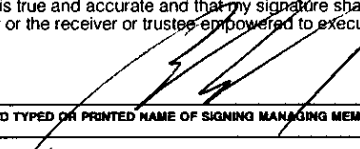


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90066 018 \*\*\*\*50.00

<b>DOCUMENT # L00000013989</b> 1. Entity Name <b>STELLAR BUSINESS BUILDERS, L.L.C.</b>			
Principal Place of Business <b>24850 OLD US 41 RD, #23 BONITA SPRINGS, FL 34135</b>		Mailing Address <b>24850 OLD US 41 RD, #23 BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business <b>10621 Airport Pulling Rd. N. Suite #3 Naples, FL. 34109 U.S.A.</b>		3. Mailing Address <b>10621 Airport Pulling Rd. N. Suite #3 Naples, FL. 34109 U.S.A.</b>	
4. FEI Number <b>59-3698226</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCCAFFREY, JUDITH E 5811 PELICAN BAY BLVD., STE 206-A NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name: <b>Don Innis</b> Street Address (P.O. Box Number is Not Acceptable) <b>10621 Airport Pulling Rd. N, Suite 3 Naples, FL 34109</b>	
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 <b>4/23/04</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER, JEROME E 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPHERD, AARON N 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, RICHARD 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPHERD, MARK C 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPHERD, MARK C 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPHERD, MARK C 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPHERD, MARK C 24850 OLD US 41 RD, STE 23 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 <b>4/23/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>239-596-8655</b>	