


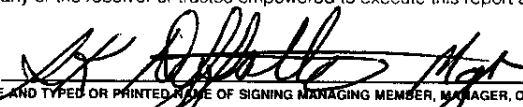


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90426 015 ****50.00

DOCUMENT # L00000015007 1. Entity Name STARDUSTERS WORKSHOP, L.C.																																																																																																																																																											
Principal Place of Business 875 INDIAN BEACH DRIVE SARASOTA FL 34234				Mailing Address 875 INDIAN BEACH DRIVE SARASOTA FL 34234																																																																																																																																																							
2. Principal Place of Business 887 Patterson Dr Suite, Apt. #, etc.		3. Mailing Address 887 Patterson Dr Suite, Apt. #, etc.		 MOORE CR2E083 (11/03)																																																																																																																																																							
City & State Sarasota Florida		City & State Sarasota, Florida																																																																																																																																																									
Zip 34234		Zip 34234																																																																																																																																																									
Country USA		Country USA																																																																																																																																																									
4. FEI Number 65-1065246				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 DIFFATTE, SUSAN K 875 INDIAN BEACH DRIVE SARASOTA FL 34234																																																																																																																																																							
7. Name and Address of New Registered Agent Name DIFFATTE, SUSAN K. Street Address (P.O. Box Number is Not Acceptable) 887 Patterson Drive City Sarasota FL Zip Code 34234																																																																																																																																																											
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  SUSAN K. DIFFATTE 2/27/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DIFFATTE, SUSAN K</td> <td></td> <td>NAME</td> <td>DIFFATTE, SUSAN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>875 INDIAN BEACH DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td>887 Patterson Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34234</td> <td></td> <td>CITY-ST-ZIP</td> <td>Sarasota, Florida 34234</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>YETTER, DONALD W</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>111-9 AVENUE W.; STE. 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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)(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:  2-27-4 941-355-9359 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																											