## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 30, 2006 8:00 am Secretary of State **DOCUMENT #L00000015007** 03-30-2006 90191 044 \*\*\*\*50.00 1. Entity Name STARDUSTERS WORKSHOP, L.C. Principal Place of Business Mailing Address 887 PATTERSON DR. 887 PATTERSON DR. SARASOTA, FL 34234 SARASOTA, FL 34234 US 2. Principal Place of Business 3. Mailing Address 1111 Ninth Avenue West 1111 Ninth Avenue West Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 CR2E083 (11/05) Suite B Suite B City & State City & State 4. FEI Number Applied For Bradenton, Florida Bradenton, Florida 65-1065246 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34205 34205 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD W. YETTER, P.A. DIFFATTE, SUSAN K Street Address (P.O. Box Number is Not Acceptable) 1111 Ninth Avenue West 887 PATTERSON DRIVE SARASOTA, FL 34234 <u>Suite B</u> City Bradenton 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of r gistered agen BUALD W. YETTER SIGNATURE red agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MANAGER DEFFATTE TITLE MGR ☐ Delete TITLE Change ☐ Addition DIFFATTE, SUSAN K NAME NAME STREET ADDRESS 887 PATTERSON DR. STREET ADDRESS 2465 Kensington Greens Drive SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP Sun City Center, Florida TITLE ☐ Delete TITLE MANAGER **K**KChange ☐ Addition NAME YETTER, DONALD W NAME DONALDTW. YETTER, STREET ADDRESS 111- 9 AVENUE W.; STE, B 1111 Ninth Avenue West, Suite B STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Bradenton, Florida 34205 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MONANO W. YETTER

SIGNATURE: Nature and Tried or Printed

FILED