
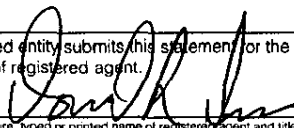
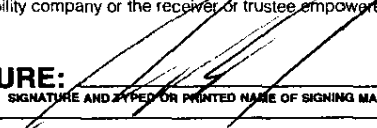


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90066 013 ****50.00

DOCUMENT # L01000007674 1. Entity Name STELLAR INTERNET MONITORING, L.L.C.			
Principal Place of Business 24850 OLD U.S. 41 ROAD 23 BONITA SPRINGS, FL 34135		Mailing Address 24850 OLD U.S. 41 ROAD 23 BONITA SPRINGS, FL 34135	
2. Principal Place of Business 10621 Airport Pulling Rd. N. Suite, Apt. #, etc. Suite #3		3. Mailing Address 10621 Airport Pulling Rd. N. Suite, Apt. #, etc. Suite #3	
City & State Naples, FL Zip 34109		City & State Naples, FL Zip 34109	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3719714		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 MCCAFFREY, JUDITH E 5811 PELICAN BAY BOULEVARD, SUITE 206-A NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Don Innis Street Address (P.O. Box Number is Not Acceptable) 10621 Airport Pulling Rd. N. Suite 3 City Naples FL Zip Code 34109	
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  Don Innis 9/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGRM <input type="checkbox"/> Delete NAME STELLAR BUSINESS BUILDERS, L.L.C. STREET ADDRESS 24850 OLD U.S. 41 ROAD, #23 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 10621 Airport Pulling Rd. N. Suite 3 NAME Naples, FL STREET ADDRESS 34109 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4/23/04 239-596-8655 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			