


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90184 022 ***110.00

DOCUMENT # L02000007940	
1. Entity Name STELLAR MARKETING, L.L.C.	

Principal Place of Business 6318 MARINA DRIVE ORLANDO, FL 32819	Mailing Address P.O. BOX 2756 WINDERMERE, FL 34786
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2. Principal Place of Business 2252 S. KIRKMAN RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State
Zip 32811	Country ORANGE



03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 71-0877489	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSTON, STEVEN M 294 HOUND RUN PLACE CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name H. THOMAS M. MILLER Street Address (P.O. Box Number is Not Acceptable) 6308 MARINA DR City ORLANDO FL Zip Code 32819
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, H. THOMAS 6308 MARINA DR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>H. Thomas Miller</u>	Date: <u>3/9/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	