

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012314

Entity Name: STM INVESTMENTS LLC

FILED
Feb 18, 2004
Secretary of State

Current Principal Place of Business:

5902 N CHEROKEE AVE
TAMPA, FL 33604 US

New Principal Place of Business:

15802 TRACKSIDE DRIVE
ODESSA, FL 33556 US

Current Mailing Address:

5902 N CHEROKEE AVE
TAMPA, FL 33604 US

New Mailing Address:

15802 TRACKSIDE DRIVE
ODESSA, FL 33556 US

FEI Number: 03-0446981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARON, TIFFANY A
5902 N CHEROKEE AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MARON, TIFFANY A
15802 TRACKSIDE DRIVE
ODESSA, FL 33556 US

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.

SIGNATURE: TIFFANY A MARON

02/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MARON, TIFFANY A
Address: 5902 N CHEROKEE AVE
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM () Delete
Name: MARON, SEAN C
Address: 5902 N CHEROKEE AVE
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARON, TIFFANY A
Address: 15802 TRACKSIDE DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM (X) Change () Addition
Name: MARON, SEAN C
Address: 15802 TRACKSIDE DRIVE
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIFFANY A MARON

MGRM

02/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date