


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90212 029 \*\*\*\*50.00

<b>DOCUMENT # L02000014601</b> 1. Entity Name <b>STELLAR AGENCY, LLC</b>																																																					
Principal Place of Business <b>1493 FARMINGTON COURT WEST PALM BEACH FL 33414</b>				Mailing Address <b>1493 FARMINGTON COURT WEST PALM BEACH FL 33414</b>																																																	
2. Principal Place of Business <b>1493 FARMINGTON COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1493 FARMINGTON COURT</b> Suite, Apt. #, etc.																																																			
City & State <b>WEST PALM BEACH FLORIDA</b> Zip Country <b>33414 PALM BEACH</b>		City & State <b>WEST PALM BEACH FLORIDA</b> Zip Country <b>33414 PALM BEACH</b>		4. FEI Number <b>NO-T APPLICABLE</b>																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent <b>THOMAS L. HOWARD, P.A. 1818 AUSTRALIAN AVE. SOUTH, STE. 202 WEST PALM BEACH FL 33409</b>				7. Name and Address of New Registered Agent Name <b>STELLA L. RIGHT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1493 FARMINGTON COURT</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33414</b>																																																	
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 <i>Stella L. Right</i> DATE <b>4-6-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
My last name is <b>RIGHT NOT RIGHT</b>		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME <b>RIGHT, STELLA L</b> STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">MGRM <b>1493 FARMINGTON CT. WEST PALM BEACH FL 33414</b></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME <b>RIGHT, STELLA L</b> STREET ADDRESS CITY-ST-ZIP	MGRM <b>1493 FARMINGTON CT. WEST PALM BEACH FL 33414</b>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <i>Stella L. Right</i> <b>4-6-04 (561) 792-4292</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					