

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009978

FILED
Apr 30, 2004
Secretary of State

Entity Name: STELLAR MINDWORKS, LLC

Current Principal Place of Business:

5521 WEST SPRUCE STREET, SUITE G-100
TAMPA AIRPORT MARRIOTT
TAMPA, FL 33607

New Principal Place of Business:

5402 BEAUMONT CENTER BLVD.
SUITE # 108
TAMPA, FL 33634

Current Mailing Address:

5521 WEST SPRUCE STREET, SUITE G-100
TAMPA AIRPORT MARRIOTT
TAMPA, FL 33607

New Mailing Address:

5402 BEAUMONT CENTER BLVD.
SUITE # 108
TAMPA, FL 33634

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STACKHOUSE, SUSAN H
5521 WEST SPRUCE STREET, SUITE G-100
TAMPA AIRPORT MARRIOTT
TAMPA, FL 33607

Name and Address of New Registered Agent:

STACKHOUSE, SUSAN H
5402 BEAUMONT CENTER BLVD.
SUITE # 108
TAMPA, FL 33634

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: SUSAN H. STACKHOUSE

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STACKHOUSE, SUSAN H
Address: 5521 WEST SPRUCE STREET, SUITE G-100
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STACKHOUSE, SUSAN H
Address: 5402 BEAUMONT CENTER BLVD. # 108
City-St-Zip: TAMPA, FL 33634

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: SUSAN H. STACKHOUSE

MGR

04/30/2004

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