2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000011853

1. Entity Name
STELLA SALES, LLC

Principal Place of Business	Mailing Address
% J. PAUL RAYMOND 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	% J. PAUL RAYMOND 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756

03032004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
30-0174588
- [ ] Applied For
- [ ] Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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**

9. MANAGING MEMBERS/MANAGERS			**10.**	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	SAME	☒ Change	☐ Addition
NAME	SZABO, JULIUS J		NAME	SAME		
STREET ADDRESS	3510 MANCHESTER ROAD		STREET ADDRESS	1310 Belcher Drive		
CITY-ST-ZIP	AKRON, OH 44319		CITY-ST-ZIP	Tarpon Springs, Florida 34689		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	**800031289908** 03/26/04--01088--005 **150.00**		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   3-10-04   727-501-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #