2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004
Secretary of State

DOCUMENT# L03000015642

Entity Name: AMERISTAR SERVICES, LC

Current Principal Place of Business:

2516 SE ANCHORAGE COVE, H-1
PORT ST. LUCIE, FL 349526234

New Principal Place of Business:

Current Mailing Address:

2516 SE ANCHORAGE COVE, H-1
PORT ST. LUCIE, FL 349526234

New Mailing Address:

FEI Number: 65-0980404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, MITCHELL A MR
2516 SE ANCHORAGE COVE, H-1
PORT ST. LUCIE, FL 349526234

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: PVPS ( ) Delete
Name: BENNETT, MITCHELL A
Address: 2516 SE ANCHORAGE COVE, H-1
City-St-Zip: PORT ST. LUCIE, FL 349526234

Title: TD ( ) Delete
Name: BENNETT, MITCHELL A
Address: 2516 SE ANCHORAGE COVE, H-1
City-St-Zip: PORT ST. LUCIE, FL 349526234

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BENNETT, MITCHELL A
Address: 2516 SE ANCHORAGE COVE, H-1
City-St-Zip: PORT ST. LUCIE, FL 349526234

Title: MGR (X) Change ( ) Addition
Name: BENNETT, MITCHELL A
Address: 2516 SE ANCHORAGE COVE, H-1
City-St-Zip: PORT ST. LUCIE, FL 349526234

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: MITCHELL A BENNETT MGR 05/10/2004

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