



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90056 018 ****55.00

DOCUMENT # L03000050961					
1. Entity Name STELLAR RETAIL SPECIALTIES, LLC					
Principal Place of Business 5521 WEST SPRUCE STREET, STE. G-100 TAMPA AIRPORT MARRIOTT TAMPA, FL 33607			Mailing Address 5521 WEST SPRUCE STREET, STE. G-100 TAMPA AIRPORT MARRIOTT TAMPA, FL 33607		
2. Principal Place of Business 5402 Beaumont Center Blvd Suite, Apt. #, etc. Ste # 108		3. Mailing Address 5402 Beaumont Center Blvd. Suite, Apt. #, etc. Suite #108			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-1151071	
Zip 33634		Country USA		Applied For Not Applicable	
Zip 33634		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKHOUSE, SUSAN H 5521 WEST SPRUCE STREET, STE. G-100 TAMPA AIRPORT MARRIOTT TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Stackhouse, Susan H Street Address (P.O. Box Number is Not Acceptable) 5402 Beaumont Center Blvd. Suite #108 City Tampa FL Zip Code 33634	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STACKHOUSE, SUSAN H 5521 WEST SPRUCE STREET, STE. G-100 TAMPA, FL 33607 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Susan H. Stackhouse</i>				7/7/04 813-396-3639 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					