


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000050961</b> 1. Entity Name STELLAR RETAIL SPECIALTIES, LLC	
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Principal Place of Business 5402 BEAUMONT CENTER BLVD STE 108 TAMPA, FL 33634	Mailing Address 5402 BEAUMONT CENTER BLVD STE 108 TAMPA, FL 33634
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**DO NOT WRITE IN THIS SPACE**

01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-1151071	Applied For Not Applicable
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 5402 BEAUMONT CENTER BLVD STE 108 TAMPA, FL 33634
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STACKHOUSE, SUSAN H 5402 BEAUMONT CENTER BLVD. #108 TAMPA, FL 33634
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02/15/07-80009-023 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Susan H. Stackhouse* **1/26/2007** **(813) 396-3239**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*SUSAN H. STACKHOUSE*