## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000057514

Entity Name: STARK DUSSAULT LLC

FILED Mar 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

404 SOUTH BLOUNT ST. UNIT 204

MADISON, WI 53703 US

Current Mailing Address: New Mailing Address:

404 SOUTH BLOUNT ST. UNIT 204 MADISON, WI 53703 US

FEI Number: 05-0597081 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STARK, CRAIG A
28680 ALTESSA WAY
UNIT 102
BONITA SPRINGS, FL 34135 US
STARK, CRAIG A
15146 BROLIO LANE
NAPLES, FL 34110 US

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: CRAIG A STARK 03/24/2004

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

## ADDITIONS/CHANGES:

Fitle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 STARK, CRAIG A
 Name:
 STARK, CRAIG A

 Address:
 28680 ALTESSA WAY, UNIT 102
 Address:
 15146 BROLIO LANE

 City-St-Zip:
 BONITA SPRINGS, FL 34135 US
 City-St-Zip:
 NAPLES, FL 34110 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 STARK, BETH
 Name:
 STARK, BETH

 Address:
 28680 ALTESSA WAY, UNIT 102
 Address:
 15146 BROLIO LANE

 City-St-Zip:
 BONITA SPRINGS, FL 34135 US
 City-St-Zip:
 NAPLES, FL 34110 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DUSSAULT, MICHAEL
 Name:

 Address:
 404 SOUTH BLOUNT ST., UNIT 204
 Address:

 City-St-Zip:
 MADISON, WI 53703 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DUSSAULT, SHERRY
 Name:

 Address:
 404 SOUTH BLOUNT ST., UNIT 204
 Address:

 City-St-Zip:
 MADISON, WI 53703 US
 City-St-Zip:

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: CRAIG A STARK PRES 03/24/2004