2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057514

Entity Name: STARK DUSSAULT LLC

FILED Mar 02, 2007 Secretary of State

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

15449 MILAN WAY 28623 VIA D'AREZZO DR

NAPLES, FL 34110 US BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

15449 MILAN WAY 28623 VIA D'AREZZO DR

NAPLES, FL 34110 US BONITA SPRINGS, FL 34135 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 STARK, CRAIG A 15449 MILAN WAY 28623 VIA D'AREZZO DR

NAPLES, FL 34110 US BONITA SPRINGS, FL 34135 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: 03/02/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

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

 Address:
 15449 MILAN WAY
 Address:
 28623 VIA D'AREZZO DR

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

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STARK, BETH STARK, BETH

Address: 15449 MILAN WAY Address: 28623 VIA D'AREZZO DR

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

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

 Name:
 DUSSAULT, MICHAEL
 Name:
 DUSSAULT, MICHAEL

 Address:
 15449 MILAN WAY
 Address:
 28623 VIA D'AREZZO DR

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

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

 Name:
 DUSSAULT, SHERRY
 Name:
 DUSSAULT, SHERRY

 Address:
 15449 MILAN WAY
 Address:
 28623 VIA D'AREZZO DR

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/02/2007