


FILED
Apr 21, 2008 8:00 am
Secretary of State

03-25-2008 90084 022 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000058083 1. Entity Name STELRI LLC			
Principal Place of Business 97652 OVERSEAS HIGHWAY ROCK HARBOR CONDOMINIUM #6, APT. P4 KEY LARGO, FL 33037 US		Mailing Address 3532 EAST HIGGINS DRIVE MOUNT PLEASANT, SC 29466 US	
DO NOT WRITE IN THIS SPACE		01162008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-2996464 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEROY, ELYSE 97652 OVERSEAS HIGHWAY ROCK HARBOR CONDOMINIUM #6, APT. P4 KEY LARGO, FL 33037		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 <u>Elyse LeRoy</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/16/08</u>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LEROY, ELYSE 97652 OVERSEAS HIGHWAY KEY LARGO, FL 33037		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: <u>Elyse LeRoy</u> (843) 4/16/08 856-8886 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

Elyse LeRoy