2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000069774 1. Entity Name STELLAR II, LLC					07 MOV - 1 PH 1:56					
Principal Place of Business 1826 BOY SCOUT DRIVE FORT MYERS, FL 33907		Mailing Address 1826 BOY SCOUT DRIVE FORT MYERS, FL 33907			TUNINSSEE, FLORIDA					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · ·	REL	REN-TLC	L EI	VILI E101 (1/07)	1101	
City & State		City & State			4. FEI Numb	- 5 30	3140	^ <u> </u>	oplied For	
Zip	Country	Zip Coun		trv		of Status Desir		\$5.00 Ad Fee Require	ditional	
	6. Name and Address of Current R	legistered Agent	N	Name	7. Name an	Address of N	ew Registered	Agent		
1826 BOY	JEFFREY S SCOUT DRIVE ERS, FL 33907		Street Address			(P.O. Box Number is Not Acceptable)				
		City					FI	_		
	named entity submits this statement for ions of registered agent. Signature, typely only primare of registers agent and	the purpose of changing its		office or register			of Florida. I an	n familiar with,	and accept	
Fili	NOWIII FEE IS \$150.00						Make check	pavable to	 · ··,	
After Janu	ary 1, 2008, Fee will be \$200.00					Fic	orida Departi	nent of Stat	e-	
9. TITLE	MANAGING MEMBER		10.			ADDITIO	ONS/CHANGE	~~		
NAME STREET ADDRESS CITY-ST-ZIP	STEELE, JEFFREY S 11730 TIMBERLAND CIRCLE FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET AD CITY-ST-2		了。 11/0	0011 7/07—010	2087 159021	□ Change □ S T **150	Addition	
TITLE	1 0101 141 2103, 12 33912	☐ Delete	TITLE	Zir			·	☐ Change	Addition	
NAME Street Address City-St-Zip			NAME STREET AC CITY-ST-2	1						
TITLE NAME		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AD							
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AC							
TITLE NAME		☐ Delete	TITLE NAME				····	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AC							
TITLE NAME		☐ Delete	TITLE NAME				· 	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AC							
indicated limited lia	certify that the information supplied with the on this report is true and accurate and to bility company of the receiver or trustee	his filing does not qualify for hat my signature shall have t empoyored to execute this r	the exempti the same leg report as rec	tions contained gal effect as if n quired by Chap	in Chapter 119 nade under oat ter 608, Florida	, Florida Statute: h; that I am a m Statutes.	s. I further certi anaging memb	fy that the info per or manag	ormation er of the	
SIGNAT	URE:	SIENING MANAGING MEMBER, MAN	IAGER, OR AUT	THORIZED REPRESE	ENTATIVE	Date		Daytime Phone #	11/01	