

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016278

FILED
Mar 27, 2008
Secretary of State

Entity Name: STELLAR CONTRACTORS US, LLC

Current Principal Place of Business:

21900 KENRICK AVENUE
LAKEVILLE, MN 550449517

New Principal Place of Business:

Current Mailing Address:

21900 KENRICK AVENUE
LAKEVILLE, MN 550449517

New Mailing Address:

FEI Number: 20-8475942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRACTOR BUSINESS SERVICES, INC.
15409 US HIGHWAY 19
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STANLEY, DAN
Address: 21900 KENRICK AVENUE
City-St-Zip: LAKEVILLE, MN 550449517

Title: MGRM () Delete
Name: STANLEY, KAREN
Address: 21900 KENRICK AVENUE
City-St-Zip: LAKEVILLE, MN 550449517

Title: MGRM () Delete
Name: MAHON, JIM
Address: 21900 KENRICK AVENUE
City-St-Zip: LAKEVILLE, MN 550449517

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STANLEY, DANIEL
Address: 21900 KENRICK AVENUE
City-St-Zip: LAKEVILLE, MN 550449517

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN J. STANLEY

PRES

03/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date