


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001162
1. Entity Name
STERLING REALTY MANAGEMENT, INC.



| | |
|---|---|
| Principal Place of Business TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 | Mailing Address TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 |
|---|---|



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 58-2526148 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
DEAS, WILLIAM J ESQ.
2215 RIVER BOULEVARD
JACKSONVILLE, FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000095135
03/24/04-80020-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD THIEBAUT, ROBERT J TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO THIEBAUT, ROBERT J TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PAT HOOPER, LEE A TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST CONTRACTOR, SHEFALI A TWO RAVINIA DRIVE, SUITE 1120 ATLANTA, GA 30346 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shefali A. Contractor 03-18-04 770-390-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #