


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007827
1. Entity Name
STERLING ADVISORS LLC



Principal Place of Business: 2655 LE JEUNE ROAD SUITE 802 CORAL GABLES, FL 33134
Mailing Address: 2655 LE JEUNE ROAD SUITE 802 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1106896 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MIR, HECTOR J
2655 LE JEUNE ROAD SUITE 802
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

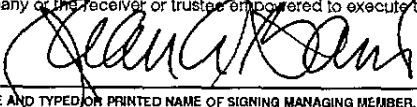
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARCIA, JUAN A
STREET ADDRESS	2655 LE JEUNE ROAD SUITE 802
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

000000332826
04/26/05-80074-008 50.00
**DO NOT WRITE
IN THIS SPACE**

11. 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 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:  DATE: 4/15/05 DAYTIME PHONE: (305) 442-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #