


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2005 8:00 am
Secretary of State

02-28-2005 90053 001 ***450.00

DOCUMENT # L04000043722

1. Entity Name
STERLING 18 DEVELOPMENT, LLC



Principal Place of Business
**16375 N.E. 18TH AVE.
 STE. 331
 NORTH MIAMI BEACH, FL 33162**

Mailing Address
**16375 N.E. 18TH AVE.
 STE. 331
 NORTH MIAMI BEACH, FL 33162**

30009703



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02252005 Chg-LLC CR2E083 (10/03)

City & State

4. FEJ Number
20-1226895

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BENZAZON, YANNICK
 16375 N.E. 18TH AVE.
 STE. 331
 NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENALLOUN, ALBERTO 16375 N.E. 18TH AVE. NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENZAZON, YANNICK 16375 N.E. 18TH AVE. NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **02/25/05 (305) 945 2577**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Year Phone #