

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046467

1. Entity Name
STIRLING 500, LLC



Principal Place of Business

**404 5TH AVENUE
4TH FLOOR
NEW YORK, NY 10018**

Mailing Address

**404 5TH AVENUE
4TH FLOOR
NEW YORK, NY 10018**



08082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0112986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIEBER, OREN ESQ.
555 NE 15TH STREET
SUITE 100
MIAMI, FL 33132**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

000000574255
08/14/06-80007-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHETRIT, JUDA
STREET ADDRESS	404 5TH AVENUE, 4TH FLOOR
CITY- ST- ZIP	MIAMI, FL 10018

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JUDA Chetrit

Date

8/9/06

Daytime Phone #