

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90043 015 ****50.00

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| DOCUMENT # L04000070389 | | | |
| 1. Entity Name STERLING MHP, LLC | | | |
| Principal Place of Business 7061 SOUTH TAMiami TRAIL VENICE, FL 34231 | | Mailing Address 7061 SOUTH TAMiami TRAIL VENICE, FL 34231 | |
| 2. Principal Place of Business | | 3. Mailing Address 29605 US19 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 130 | |
| City & State | | City & State CLEARWATER FL | |
| Zip | Country | Zip | Country |
| | | 33761 | FLORIDA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| COOK, MICHAEL L 7061 SOUTH TAMiami TRAIL VENICE, FL 34231 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 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 COOK, MICHAEL L 7061 SOUTH TAMiami TRAIL VENICE, FL 34231 <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 | <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: <u>[Signature]</u> | | CONTROLLER 4/18/05 727-285-7400 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

TEDEAS