

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005550

FILED
Apr 28, 2004
Secretary of State

Entity Name: STIRLING RETAIL CENTER LLC

Current Principal Place of Business:

7175 SW 8 ST.
SUITE 204
MIAMI, FL 33144

New Principal Place of Business:

8475 NW 29TH STREET
MIAMI, FL 33122

Current Mailing Address:

7175 SW 8 ST.
SUITE 204
MIAMI, FL 33144

New Mailing Address:

8475 NW 29TH STREET
MIAMI, FL 33122

FEI Number: 65-1088808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTAMARIA, GEORGE M
7175 SW 8 ST.
SUITE 204
MIAMI, FL 33144

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OLD PROVIDENCE OF FL, ORIDA CORPORAT I ON
Address: 7175 SW 8 ST., SUITE 204
City-St-Zip: MIAMI, FL 33144

Title: MGRM () Delete
Name: MONTOYA, PABLO
Address: 7175 SW 8 ST SUITE 204
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLD PROVIDENCE OF FL, ORIDA CORPORAT I ON
Address: 8475 NW 29TH STREET
City-St-Zip: MIAMI, FL 33122

Title: MGRM (X) Change () Addition
Name: MONTOYA, PABLO
Address: 4436 NW DORAL CT
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PABLO MONTOYA

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date