

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077195

**Entity Name:** STERLING/BROCK TITUSVILLE GP, LLC

**Current Principal Place of Business:**

4650 DONALD ROSS ROAD, SUITE 200  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4650 DONALD ROSS ROAD, SUITE 200  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 75-3269554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BROCK, PETER  
Address 4650 DONALD ROSS ROAD, SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGR  
Name GREEN, ROBERT  
Address 2851 JOHN STREET, SUITE ONE  
City-State-Zip: MARKHAM, ONTARIO CANADA L3R5R-7

Title MGR  
Name PRESTON, JOHN  
Address 4650 DONALD ROSS ROAD, SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER BROCK

MGR

02/26/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date