

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90165 026 \*\*\*\*55.00

**DOCUMENT # L00000004556**

1. Entity Name

**STERLING PENNDEVCO, LLC**

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

2. Principal Place of Business

3. Mailing Address

*One N. Clematis St.**One N. Clematis St.*Suite, Apt. #, etc.  
*Suite 305*Suite, Apt. #, etc.  
*Suite 305*City & State  
*West Palm Beach, FL*City & State  
*West Palm Beach, FL*Zip  
*33401*Country  
*USA*Zip  
*33401*Country  
*USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1023734**Applied For  
Not Applicable5. Certificate of Status Desired ☒**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSOY, BRIAN D**~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

Name

Street Address (P.O. Box Number is Not Acceptable)

*One North Clematis St.*  
*Suite 305*City  
*West Palm Beach***FL**Zip Code  
*33401*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**SAMOTH USA, INC.**  
~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*One North Clematis St. Ste. 305*  
*West Palm Beach, FL 33401*  
☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Brian D. Kosoy, V.P.* **561-835-1810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)