

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000008732

1. Entity Name
STERLING FLORIDA MANAGEMENT SERVICES, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 1984 P.O. BOX 1984
MCKINNEY TX 75070 MCKINNEY TX 75070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1048066 Not Applicable

5. 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SDC FLORIDA MANAGEMENT SERVICES, INC. P.O. BOX 1984 MCKINNEY TX 75070 <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: _____ **DATE:** **2/2/2001** **DAYTIME PHONE #:** **972-569-9442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)