# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000009845**

**1. Entity Name**
STIRLING HOLDINGS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5700 STIRLING ROAD<br>HOLLYWOOD, FL 33021    US | 5700 STIRLING ROAD<br>HOLLYWOOD, FL 33021    US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip      Country | Zip      Country |

02032004    Chg-LLC    CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 65-1115684 | 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 |
|---|---|
| ROSENTHAL, KERRYLD E ESQ<br>2875 N.E. 191 STREET<br>SUITE 500<br>HOLLYWOOD, FL 33180 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____

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

| **Filing Fee is $50.00**<br>**Due by May 1, 2004** | | **Make check payable to**<br>**Florida Department of State** |
|---|---|---|

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NEWMAN, JEFFREY M<br>5700 STIRLING ROAD<br>HOLLYWOOD, FL 33021 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | U000000052056<br>02/16/04-80077-015 150.00 | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** _X_ _____    JEFFREY M. NEWMAN  2/11/04  954-963-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #