

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016957

FILED
Sep 07, 2005
Secretary of State

Entity Name: STERLING ASSET MANAGEMENT, LLC

Current Principal Place of Business:

4690 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4690 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 52-2371765 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WICKHAM, CHARMAGNE
4690 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WICKHAM, CHARMAGNE
Address: 4690 SW HAMMOCK CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Delete
Name: WICKHAM, DONALD R JR
Address: 4690 SW HAMMOCK CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARMAGNE WICKHAM

MGR

09/07/2005

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