2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000004643

1. Entity Name STERLING CASE, LLC

Principal Place of Business _

3500 SW CORPORATE PARKWAY PALM CITY, FL 34990 US

Mailing Address

3500 SW CORPORATE PARKWAY PALM CITY, FL 34990

FILED Feb 07, 2005 08:00 AM Secretary of State



01112005 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FE! Number Not Applicable 88-0516053 \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD EJR, ESQ 401 E. OSCEOLA STREET STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 agont and title if applicable	(NOTE, Registered Agent highature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005 U00000218915			U00000218915
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SABIN, CHARLIE 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990	· · · · · · · · · · · · · · · · · · ·	2/08/05-80007-012 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EJUPS, ALDIS 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-SY-ZIP		IN Th	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-4-05 112-283-8400