

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000015187

1. Entity Name
STERLING GROUP JACKSONVILLE, L.L.C.



Principal Place of Business
2515 DRANE FIELD ROAD
LAKELAND, FL 33811

Mailing Address
2515 DRANE FIELD ROAD
LAKELAND, FL 33811

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLEMENTS, MARK E. ESQ. MARK E. CLEMENTS, P.A. 310 EAST MAIN STREET LAKELAND, FL 33801				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE _____
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM HALL, JAMES D 323 EUNICE ROAD LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM CALDWELL, DAVID 451 ARCHAIC DRIVE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM MCQUEEN, ROBERT L 5824 BUCK RUN ROAD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM HAGSTROM, STEPHEN R 905 SEDDON COVE WAY TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM ROWAN, MICHAEL L 2620 SENECA DRIVE JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM HARRIS, PAUL E 1412 NORTH 1ST STREET, STE. 206 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Caldwell*

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

5/11/05 863 646-4319
Date Daytime Phone #