

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90015 004 \*\*\*\*50.00

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<b>DOCUMENT # L03000017395</b> 1. Entity Name <b>STERLING OAKS TAX LIENS, LLC</b>			
Principal Place of Business 2801 NW 23RD BOULEVARD #D32 GAINESVILLE, FL 32605 US		Mailing Address 2801 NW 23RD BOULEVARD #D32 GAINESVILLE, FL 32605 US	
2. Principal Place of Business <b>4432 NW 23 Ave</b> Suite, Apt. #, etc. <b>Ste #8</b>		3. Mailing Address <b>4432 NW 23 Ave</b> Suite, Apt. #, etc. <b>Ste #8</b>	
City & State <b>GAINESVILLE FL</b> Zip <b>32606</b>		City & State <b>GAINESVILLE FL</b> Zip <b>32606</b>	
4. FEI Number <b>14-1883835</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHNOLL, MARC M</b> <b>2801 NW 23RD BOULEVARD</b> <b>#D32</b> <b>GAINESVILLE, FL 32605</b>		7. Name and Address of New Registered Agent Name <b>Marc M Schnoll</b> Street Address (P.O. Box Number is Not Acceptable) <b>4432 NW 23 Ave, Ste #8</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32606</b>	
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 <u><i>Marc Schnoll</i></u> <b>Marc Schnoll</b> <b>8/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERLING OAKS MANAGEMENT LLC 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 3265	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNOLL, MARC M 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNOLL, MARC M 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNOLL, MARC M 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNOLL, MARC M 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<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: <u><i>Marc Schnoll</i></u> <b>Marc Schnoll</b>		Date <b>8/28/05</b> Daytime Phone # <b>352-336-1001</b>	