


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033207
1. Entity Name
STIRLING & BLAKE, LLC



Principal Place of Business Mailing Address
227 PLEASANT GARDENS DRIVE 227 PLEASANT GARDENS DRIVE
APOPKA, FL 32703 APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1679043	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURT, WALTER
227 PLEASANT GARDENS DRIVE
APOPKA, FL 32703

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

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000186033
01/21/05-80042-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURT, WALTER 227 PLEASANT GARDENS DRIVE APOPKA, FL 32703
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IN THIS SPACE**

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 Walter Burt (WALTER BURT) 1/16/05 (407) 814-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #