2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052293

40 m

1. Entity Name STERLING, LLC



Principal Place of Business

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

Mailing Address

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

FILED Jan 22, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

Applied For

4. FEI Number 20-0504555

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

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.	

PH ... P . 1 . 650 0

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000596554 01/23/07-80083-025 50.00

9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR TEDROW, TYLER T 1001 BONITA DRIVE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURÉ:

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

Date

Daytime Phone #