

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90183 003 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000010855</b><br>1. Entity Name<br><b>STERLING RANCH, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                              |                                                                              |
| Principal Place of Business<br><b>6803 HONEY SUCKLE TRAIL<br/>BRADENTON, FL 34202</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Mailing Address<br><b>6803 HONEY SUCKLE TRAIL<br/>BRADENTON, FL 34202</b>                                                                                    |                                                                              |
| 2. Principal Place of Business<br><b>6803 HONEYSUCKLE TRAIL</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address<br><b>6803 HONEYSUCKLE TRAIL</b><br><small>Suite, Apt. #, etc.</small>                                                                    |                                                                              |
| City & State<br><b>BRADENTON, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | City & State<br><b>BRADENTON, FL</b>                                                                                                                         |                                                                              |
| Zip<br><b>34202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip<br><b>34202</b>                                                                                                                                          | Country                                                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>BLALOCK, LANDERS, WALTERS &amp; VOGLER, P.A.<br/>802 11TH ST. WEST<br/>BRADENTON, FL 34205</b>                                                                                                                                                                                                                                                                                                                                                      |                                 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                              |
| 4. FEI Number<br><b>20-0833147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                              |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                              |                                                                              |
| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                              |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Make check payable to<br>Florida Department of State                                                                                                         |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>MARC SOUDIYN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Date: <b>2/11/05</b> 941-907-3486                                                                                                                            |                                                                              |

30002987



02042005 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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SIGNATURE: **MARC SOUDIYN** Date: **2/11/05** 941-907-3486