

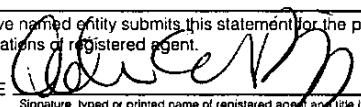
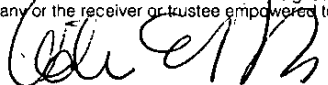


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 025 ****50.00

DOCUMENT # L04000062659					
1. Entity Name STERLING TITLE LLC					
Principal Place of Business 1625 SLASH PINE PLACE OVIEDO, FL 32765 US			Mailing Address 1625 SLASH PINE PLACE OVIEDO, FL 32765 US		
2. Principal Place of Business 872 EXECUTIVE DR. Suite, Apt. #, etc.		3. Mailing Address 872 EXECUTIVE DR Suite, Apt. #, etc.			
City & State OVIEDO FL		City & State OVIEDO FL		4. FEI Number 20-1540756	
Zip 32765 Country US		Zip 32765 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADRIENNE RODRIGUEZ 1625 SLASH PINE PLACE OVIEDO, FL FL 32-765			7. Name and Address of New Registered Agent Name ADRIENNE RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1625 SLASH PINE PLACE City OVIEDO FL Zip Code 32765		
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 		ADRIENNE RODRIGUEZ, MGRM		DATE 1-27-05	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, ADRIENNE 1625 SLASH PINE PLACE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ADRIENNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: 		ADRIENNE RODRIGUEZ		DATE 1-27-05 Daytime Phone # 407-971-9220	