


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90069 010 \*\*\*\*50.00

<b>DOCUMENT # L04000083390</b>	
1. Entity Name <b>STIRLING GP, LLC</b>	

Principal Place of Business <b>1400 N.W. 107TH AVENUE 5TH FLOOR MIAMI, FL 33172</b>	Mailing Address <b>1400 N.W. 107TH AVENUE 5TH FLOOR MIAMI, FL 33172</b>
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**40065725**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>35-2243671</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEVY, JOEL ADLER DEVELOPMENT, INC. 1400 N.W. 107TH AVENUE, 5TH FLOOR MIAMI, FL 33172</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ADLER, MICHAEL M 1400 N.W. 107TH AVENUE 5TH FLOOR MIAMI, FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM/P Adler, Michael M. 1400 NW 107 Avenue Miami, FL 33172</b> <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	<b>EV/AS Levy, Joel 1400 NW 107 Avenue Miami, FL 33172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Martinez, Jose 1400 NW 107 Avenue Miami, FL 33172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T Arrizurieta, Luis 1400 NW 107 Avenue Miami, FL 33172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Adler, Linda K. 1400 NW 107 Avenue Miami, FL 33172</b> <input type="checkbox"/> Change <input checked="" 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:**

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

**Joel Levy, EVP**

**7/26/05**

Date

**(305) 392-4050**

Daytime Phone #



July 26, 2005

Via Federal Express 8508 6347 1100

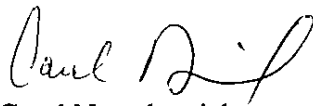
Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find the 2005 Limited Liability Company Annual Report for Stirling GP, LLC, Document # L04000083390, together with check number 77 in the amount of \$50.00 reflecting the filing fee for same.

Please call the undersigned at (305) 392-4051 if you have any questions or comments regarding the enclosed.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Carol Nazarkewich".

Carol Nazarkewich  
Legal Assistant

Enclosures

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