
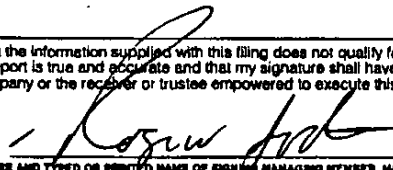


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90076 021 ****50.00

DOCUMENT # L05000005070			
1. Entity Name STIRLING 1, LLC			
Principal Place of Business 115 INTERNATIONAL PARKWAY HEATHROW, FL 32746		Mailing Address 115 INTERNATIONAL PARKWAY HEATHROW, FL 32746	
2. Principal Place of Business 719 Rodel Cove	3. Mailing Address 719 Rodel Cove	04262006 Chg-LLC CR2E083 (11/05)	
Lake Mary, FL 32746 USA	Lake Mary, FL 32746 USA	4. FEI Number 20-2208488	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent SODERSTROM, ROGER W 115 INTERNATIONAL PARKWAY HEATHROW, FL 32746		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 Agents signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager ROGER W. SODERSTROM 719 RODEL COVE LAKE MARY FL 32746 <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	Manager TANSEY SODERSTROM 719 RODEL COVE LAKE MARY FL 32746 <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
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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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/22/06 (40) 588-1260	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	