



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90051 037 \*\*\*\*50.00

<b>DOCUMENT # L05000033263</b> 1. Entity Name <b>STERLING COVE LLC</b>					
Principal Place of Business <b>2156 STERLING COVE BLVD</b> <b>PANAMA CITY BEACH, FL 32407 US</b>			Mailing Address <b>129 SOUTH FAIRFAX STREET</b> <b>ALEXANDRIA, VA 22314 US</b>		
2. Principal Place of Business <b>2156 STERLING COVE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PANAMA CITY BEACH</b>		City & State		4. FEI Number <b>20-5132379</b>	
Zip <b>32408</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLEEZE, BRIAN M</b> <b>2156 STERLING COVE</b> <b>PANAMA CITY BEACH, FL 32407</b>				7. Name and Address of New Registered Agent Name <b>BRIAN M BLEEZE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2156 STERLING COVE BLVD</b> City <b>PANAMA CITY BEACH</b> <b>FL</b> Zip Code <b>32408</b>	
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 <u>Brian M Bleeze</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>01 SEP 2006</b>	
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEEZE, BRIAN M 5907 BOND CT ALEXANDRIA, VA 22315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILL, ROGER L 7108 HARLAN LANE SYKESVILLE, MD 21784		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROPER, LISA J 1714 WICKHAM WAY CROFTON, MD 21114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOELSON, BRAD D 5421 CHIEFTAIN CIRCLE ALEXANDRIA, VA 22312		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 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: <u>Brian M Bleeze</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>01 SEP 2006</b> <b>703-299-6022</b> <small>Date Daytime Phone #</small>	