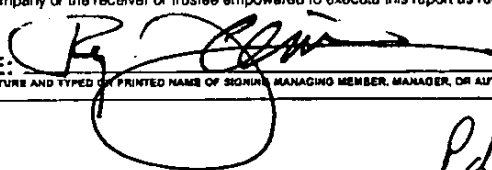


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-20-2006 90025 013 ****50.00

DOCUMENT # L05000079324					
1. Entity Name STIRLING PARTNERS, LLC					
Principal Place of Business 4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021			Mailing Address 4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. Suite # 303			9900 Stirling Road Suite, Apt. #, etc. Suite # 303		
City & State			City & State		
Hollywood FL			Hollywood FL		
Zip		Country	Zip		Country
33024		USA	33024		USA
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, MARK D ESQ 4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			9900 Stirling Road		
			Suite 303		
City			City		
Hollywood			FL 33024		
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 renewing)					
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	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FRUITMAN, DAVID		NAME		
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD STE 435 SOUTH		STREET ADDRESS	9900 Stirling Road, Suite 303	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LIEMER, ROY		NAME		
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD STE 435 SOUTH		STREET ADDRESS	9900 Stirling Road,, Suite 303	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, FL 33024 33024	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4-17-06 828-0900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

Pd 4/17/06 # 1120 @ \$50.00