FILED
May 04, 2006 8:00 am
Secretary of State
04-20-2006 90025 013 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079324

1. Entity Name
STIRLING PARTNERS, LLC

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021	4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021

30007155

01272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		9900 Stirling Road	
Suite, Apt. #, etc. Suite # 303		Suite, Apt. #, etc. Suite # 303	
City & State		City & State Hollywood FL	
Zip	Country	Zip 33024	Country USA

4. FEI Number 20-3290051 ☐ Applied For ☐ Not Applicable

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
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 Hollywood FL Zip Code 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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	MGR FRUITMAN, DAVID 4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9900 Stirling Road, Suite 303 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEMER, ROY 4000 HOLLYWOOD BOULEVARD STE 435 SOUTH HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9900 Stirling Road,, Suite 303 Hollywood, FL ~~33333~~ 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4-17-06 954 838-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Pd 4/17/06 #1120 @ $50.00