

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/1

FILED
May 02, 2007 8:00 am
Secretary of State

04-12-2007 90179 026 ****50.00

DOCUMENT # L06000063015 1. Entity Name STERLING INVESTMENTS OF PALM BEACH COUNTY, LLC					
Principal Place of Business 780 CLEARY ROAD WEST PALM BEACH, FL 33413			Mailing Address 780 CLEARY ROAD WEST PALM BEACH, FL 33413		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5540057		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOME, WILLIAM R.H. 1818 AUSTRALIAN AVENUE S., STE. 202 WEST PALM BEACH, FL 33409			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 Agent signature required when amending) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINMAN, JOY 780 CLEARY ROAD WEST PALM BEACH, FL 33413	<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	MGRM STEINMAN, TIMOTHY A 780 CLEARY ROAD WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>J. Steinman</i></u>			Date: <u>4.7.07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <u>561 686 4942</u>		