

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085368

Entity Name: STERN BUYERS LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

19275 BISCAYNE BLVD  
STE 18  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19275 BISCAYNE BLVD  
STE 18  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 26-3326874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STERN, RON  
19275 BISCAYNE BLVD  
STE 18  
AVENTURA, FL 33180 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RON STERN INC  
Address: 19275 BISCAYNE BLVD STE 18  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: MAXCOR INVESTMENT SERVICES LTD  
Address: 488 HURON STREET  
City-St-Zip: TORONTO, CN M5R2R3 CN

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON STERN INC

MGPM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date