FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FIL	.ING	FEE

97 MAY 19 PM 4:21

\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT 作9300000231					IALLAF	modee, fluxil	/A
STERLING I FLORIDA, L.C. 303 ROYAL POINCIANA PLASA PALM BEACH FL 33480			1a. Principal Pla 303 ROYAI PALM BEAC	TOINC:	I ANA PLAZ A		
If above mailing address is incorrect in 2. Principal Place of Business		rrect information and enter of	correction in Block 2a.	3. Date Organize	ed or Qualified	3a. State of Formati	on
- · · · · · · · · · · · · · · · · · · ·		og Phipps Plazo		07/20/1993 FL 4. FEI Number		FL	lied For
City & State	City 8	3. State		_ 65-0468482			Applicable
Zip Country	Zip	Country		5. Date of Last Report		6. Certificate of Stati	
				04/19/199		SB 75 Additional Fee fo	
7. Name and Add	iress of Current Registe	red Agent	Name	8. Name and Add	ress of New He	gistered Agent	
COSOY, DAVID OS ROYAL POINCEANA PLAZA PALM BEACH FL 33480			Street Address (P.O. Box Number Is Not Acceptable) 209 Phips Plazs Sulte, Apt. #, etc. 7000021865277 City ####203.75 ####203.75				
9. Pursuant to the provisions of S its registered office or registered ag as registered agent, and accept the SIGNATURE Property Property	ent, or both, in the State	508, Florida Statutes, the Florida. Such change wa	s authorized by affin	mative vote of a majorl	ubmits this state by of the member	ement for the purpose ones. I hereby accept the a	of changing ppointment
	embers/Managers	Bus	iness Street Addres	3 S	City	, State and Zip Code	
MEM KOSOY, DAVI		309 PV 303 ROYAL 209 PV	100 P	12 20	ALM BE		
IEM DANIELS STE IEM COCONUT ROW	•	JAYON EOE	POINCIAN Hipps P POINCIAN	1223	PALM BE		
iem Global Reai		303 ROYAL	POINCIAN	')a za In Plas a	PALM BE		
MEM STILLER, DU	JANE	303 ROYAII	иктэитод 1 ое 29 о	A PLASA	ALM BE	ACH FL	
11. I do hereby certify that the inforr	nation supplied with this fil	ing does not qualify for the	exemption stated in	Section 119.07(3) (i),	Florida Statutes.	C. Wyy	1 97

indicated on this annual report is true and accurate and that my signature shall have the si limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

CI	C	NI.	۸٦	"1 I	D	⊑.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

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DIVISION OF CORPORATIONS

FIL	ING	FEE	I
_			P

97 MAY 19 PM 4:21

ILING FE		+ \$103.75 Corporation Supplem		_	eccpt	TARY OF STATE		
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				1	TALLAF	IASSEE, FLORIDA	۱ ۱	
1. Name and Mailing Address of Limited Liability Company DOCUMENT 批9300000231				t) thatte is	- 100401 1 4011151	,		
STERLING I FLORIDA, L.C. 3 03 ROYAL POINCIANA PLAZA PALM BEACH FL 33480				1e. Principal Place of Business Address BOS ROYAL POINCIANA PLAZA PALM BEACH FL 33480				
If above mails	ing address is incorrect in any way, line throu		orrection in Block 2a.					
	Place of Business	2a. Malling Address	~ `	3. Date Organize	d or Qualified	3a. State of Formatio	n	
209 P	thipps Plazo	Suite, Apt. #, etc.	P1250	\$7/20/199	3 1	L		
Suile, Apr. #,	eic.	State, Apr. #, 610.		4. FEI Number		Appli	ed For	
City & State		City & State	······································	65-0468482 Not App			Applicable	
				5. Date of Last Report 6. Certificate of Status I			s Desired	
Zip	Country	Zip Cour	ntry .	04/19/199	6	SB 29 Additional Fee Nec	pined	
	7. Name and Address of Current I	Registered Agent		8. Name and Addr		gistered Agent		
OSOV	DATATA		Name					
OSOY, DAVID OS KOYAL POINCIANA PLAZA ALM BEACH FL 33480			Street Address (P.O. Box Number Is Not Acceptable) 209 Phipps Plaza Suite, Apt. #, etc. 7000021865277					
Ону				-05/21/97-91058-001 ****203.75 ****203.75				
its registered	to the provisions of Sections 608.416 a office or registered agent, or both, in the agent, and accept the obligations. [Replaced Agent Accepting A	State of Florida. Such change was	authorized by affirma	ative vote of a majork	ubmits this state y of the member DATE	s. I hereby accept the ap	changing pointment	
10. Title	Managing Members/Managers		ness Street Address		City	State and Zip Code		
	OSOY, DAVID	303 ROYAL	i pos P) POINCIANA POINCIANA		ALM BE			
		1209 PX	Sipp (P)	223				
	CONUT ROW MANAGE	209 Ph	ANALONIOS (9 2 9 1) ANALONIOS	229	ALM BE			
iem Gi	LOBAL REALTY & IN	· · · · · · · · · · · · · · · · · · ·	:657 61° Soincivny		ALM BE	ACH FL		
iem s'i	CILLER, DUANE	- 303 RÓYÁL	PÒÍNCIANA	· PLASA I	ALM BE	ACH FL		
						G. Way	197	
indicated on t	by certify that the information supplied withis annual report is true and accurate a by company or the receiver or trustee em	ind that my signature shall have th	e same lecal effect &	ıs if made under öath	i; thai i am a ma	naging member or mani	ager of the	

attachment with an address.

SIGNATURE:

NIGHATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OF MANAGER

Daytime Phone #