

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0026710

DOCUMENT # L99000006292

1. Entity Name

STERLING REALTY CAPITAL GROUP LLC



FILED
03 APR 28 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

ONE N CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401

Mailing Address

ONE N CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0952006

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

KOSOY, BRIAN D
ONE N CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOSOY, A. D
ONE N CLEMATIS STREET STE 305
WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
MGRM
KOSOY, BRIAN D
ONE N CLEMATIS STREET STE 305
WEST PALM BEACH FL 33401

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature of Brian D. Kosoy
Brian D. Kosoy, MGRM 4-10-03 561-835-181

CR2E083 (10/02)