

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002765

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: STERLING LEASING LLC

**Current Principal Place of Business:**

101 GEORGE KING BLVD., STE. 3  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

101 GEORGE KING BLVD., STE. 3  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 94-3414877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SEXTANT STERLING I., INC.  
Address: 5 DEBRA COURT  
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: MGRM ( ) Delete  
Name: STERLING CASINO HOLD, ING, LP  
Address: 101 GEORGE KING BLD. - SUITE 3  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SEXTANT STERLING I., INC.  
Address: 60 HIGH OAKS DRIVE  
City-St-Zip: WATCHUNG, NJ 07060

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNTHIA L KANE FOR STERLING CASINO HOLDING

MGRM

04/30/2004

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