2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002535

1. Entity Name
STERLING-ORLANDO FL, LLC

Principal Place of Business	Mailing Address
2700 GRAND AVENUE BELLMORE, NY 11710	2700 GRAND AVENUE BELLMORE, NY 11710

06302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000165628
07/12/04-80021-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THURMAN, HAROLD
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	THURMAN, BRAD
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	CONSALUAS, PATRICK J
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	BONCARDO, NICHOLAS
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	WALZER, WILLIAM
STREET ADDRESS	666 OLD COUNTRY RD., STE 900
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/6/04 (516) 783-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #