## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

| Ur  | HIFURM BUSINE  | 33 NEPUNI                          | (UPN)                         |  | <b>5cp</b> 00, <b>2</b> 00 <b>2</b>  | CC                         | ,                           |  |
|---|--|------------------------------------|-------------------------------|--|--|----------------------------|-----------------------------|--|
| DOCUMENT # M0200002535  1. Entity Name  |  |                                    |                               |  | Secretary of State 09-08-2003 90077 037 ****50.00  |                            |                             |  |
| STERLING  | -ORLANDO FL, LLC   | ,                                  |                               |  |  |                            |                             |  |
| Principal Plac  | e of Business  | Mailing Address                    |                               | <b>—</b>   |  |                            |                             |  |
| C/Ó WACHOVIA  | A DEVELOPMENT CORPORATION  | C/O WACHOVIA DEVELOPME             | ENT CORPORATION               |  | 90154763   | •                          |                             |  |
| 301 S. COLLEGE ST., MC-0174 301 S. COLLEGE ST. CHARLOTTE NC 28288 CHARLOTTE NC 2828 |  |                                    | 74                            | <br>   | ARRIGADA DA REGISTA DE LA REGISTA REGISTA REGISTA REGISTA DE REGISTA REGISTA DE REGISTA REGISTA DE REGISTA REGISTA DE REG |                            |                             |  |
| 2. Principal Place of Business 3. Mailing Address 3700 Grand Avenue 3700 Grand      |  |                                    | nd Avenu                      |  |  |                            |                             |  |
| Suite, Apt.   | lmore, NY  | Suite, Apt. #, etc. Bellmore, NY   |                               |  | CHECK HERE IF MAKING CHANGES   |                            |                             |  |
| City & State  | 10 NSA   | City & State                       | <u>usa</u>                    | 4. FEI Num   |  | No                         | oplied For<br>of Applicable |  |
| Zip<br>   | Country  | Zip                                | Country                       |  | te of clares besied.   | \$5.00 Add<br>Fee Required |                             |  |
|   | 6. Name and Address of Current I   | Registered Agent                   | Nama                          | 7. Name a  | nd Address of New Registered   | Agent                      |                             |  |
| NRAI SERVICES, INC.   |  |                                    |                               |  |  |                            |                             |  |
| 526 E. PARK AVENUE<br>TALLAHASSEE FL 32301  |  |                                    |                               | Street Address (P.O. Box Number is Not Acceptable) |  |                            |                             |  |
| <i>e</i> *  |  |                                    |                               | City FL Zip Code                                   |  |                            |                             |  |
| the obligati  | named entity submits this statement for one of registered agent.                       | the purpose of changing its r      | egistered office or r         | registered agent, or b                             | oth, in the State of Florida. I am t   | iamiliar with, a           | and accept                  |  |
| SIGNATURE   | Signature, typed or printed name of registered agent a                                 | nd title if applicable. (NOTE:     | Registered Agent signature    | e required when reinstating)                       | DATE   |                            |                             |  |
| N. N. Wall  |  | FILE NO                            | WIII FEE IS SS                | 0.00   |  |                            |                             |  |
|   | FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State          |                                    |                               |  |  |                            |                             |  |
|   |  | _                                  | September 24, 2               |  | •  |                            |                             |  |
| 9.  | , MANAGING MEMBER  | RS/MANAGERS                        | 10.                           |  | ADDITIONS/CHANGES  | <del> </del>               |                             |  |
| TITLE   | MGR  | Delete                             | TITLE                         | Harold Tr  | urman  | Change Change              | ☐ Addition                  |  |
| NAME  | BUDKO, PETER M   |                                    | NAME                          | Regular.   | Manager<br>A Avenue  | /                          |                             |  |
| STREET ADDRESS  | 301 S. COLLEGE ST., N-0174   |                                    | STREET ADDRESS                | Rellmore   | WY 11710   |                            |                             |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28288   |                                    | CITY-ST-ZIP                   |  |  | <del></del>                |                             |  |
| TITLE   | MGR  | Delete Delete                      | TITLE                         | Brad Th  |  | Change Change              | ☐ Addition                  |  |
| NAME  | BREWER, LYNWOOD D  | , \                                | NAME                          | Regular  | manager<br>and avenue  | <i>/</i> `                 |                             |  |
| STREET ADDRESS CITY-ST-ZIP  | 301 S. COLLEGE ST., N-0174   |                                    | STREET ADDRESS                | 9011   | 2 11710  |                            | }                           |  |
|   | CHARLOTTE NC 28288   | <u> </u>                           | CITY-ST-ZIP                   | Dellmol :  | J. CONSAIVAS   |                            | Addition                    |  |
| TITLE<br>NAME   | RANGWALA, ABIZAR S   | Delete - :                         | NAME                          | · PATFICK  | J. CONSAIVAS   | XI. uange                  | - I Acquition               |  |
| STREET ADDRESS  | 301 S. COLLEGE ST., N-0174   |                                    | STREET ADDRESS                | 184 544  | ianager<br>main street   |                            |                             |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28288   |                                    | CITY-ST-ZIP                   | Bahylon  | Jav 11702  |                            | {                           |  |
| TITLE   | MGR  | (▼ Delete                          | TITLE                         | at change  | J. Böncardo  | Change                     | Addition                    |  |
| NAME  | LANGS, SANDRA E  | 7 30.00                            | NAME                          | pegular !  | nanager<br>chester Avenue  | <i>&gt;</i> '              | _                           |  |
| STREET ADDRESS  | 675 THIRD AVENUE   | •                                  | STREET ADDRESS                | 538 West   | chester Human  |                            |                             |  |
| CITY-ST-ZIP   | NEW YORK NY 10017  |                                    | CITY-ST-ZIP                   | Ryl Bro  | OK, NY 10573   |                            |                             |  |
| TITLE   | MGR  | <b>⊠</b> Delete                    | TITLE                         | william,   | walzer   | Change                     | ☐ Addition                  |  |
| NAME  | GIDDINS, PAUL  |                                    | NAME                          | INDEPENDE  | Walzer<br>walzer<br>ent manager<br>ountry Rd., Ste 900   | -                          | }                           |  |
| STREET ADDRESS CITY-ST-ZIP  | 675 THIRD AVENUE   |                                    | STREET ADDRESS<br>CITY-ST-ZIP | Enchow P   | +y, Ny /1530   |                            |                             |  |
|   | NEW YORK NY 10017  | Път                                | <b>-</b>                      | Dulue, CI  | 1/12/ 1. 00  | ☐ Change                   | Addition                    |  |
| TITLE<br>NAME   |  | ☐ Delete                           | TITLE<br>NAME                 |  | r <sub>.</sub>   | ☐ custings                 | □ vocition                  |  |
| STREET ADDRESS  |  | $\wedge$                           | STREET ADDRESS                |  |  |                            | 1                           |  |
| CITY-ST-ZIP   |  | //                                 | CITY-ST-ZIP                   |  |  |                            |                             |  |
| 11. I hereby o  | ertify that the information supplied with  | this filing does not qualify for t | the exemption state           | d in Section 119.07(3                              | )(i), Florida Statutes. I further cer  | tify that the ir           | nformation                  |  |
| Indicated   | on this report is true and accurate and t<br>pility company or the receiver or trustee | ኒካኳt my,signature shall have th    | ne same legal effect          | : as if made under oa                              | th; that ∤am a managing membe  | er or manage               | r of the                    |  |

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/29/03

(516) 783-6500

Daytime Phone #

attachment



40154763 #MO200002535

"For service as good as gold"

August 18, 2003

Uniform Business Report Division of Corporations P.O. Box 6478 Tallahassee, FL 32314-6478

RE: STERLING-ORLANDO FL, LLC

Dear Sir or Madam:

Enclosed please find the Limited Liability Company 2003 Uniform Business Report for the above named entity along with our client's check # 9646 in the amount of \$50.00 for payment of filing. Please file the business report and return evidence of same to my attention via U.S. Mail in the self addressed stamped envelope provided.

Please call with any questions or concerns.

Sincerely,

Patricia M. Rice

Manager