

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 AUG 15 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # M03000000449</b> 1. Entity Name STERLING FACILITY SERVICES, L.L.C.					
Principal Place of Business SHEA STADIUM 123-01 ROOSEVELT AVENUE FLUSHING, NY 11368			Mailing Address <del>SHEA STADIUM</del> <del>123-01 ROOSEVELT AVENUE</del> <del>FLUSHING, NY 11368</del>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address Shea Stadium  Suite, Apt. #, etc. <b>Attn: General Counsel</b>		07182005    Chg-LLC    CR2E083 (10/03)	
City & State Flushing, NY		City & State Flushing, NY		4. FEI Number 06-1671399	
Zip 11368		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NF HOLDINGS, L.L.C. 123-01 ROOSEVELT AVENUE FLUSHING, NY 11368 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE</b> _____			Date    8/10/05		Daytime Phone #    (718) 507-6387