## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M03000000449

1. Entity Name

STERLING FACILITY SERVICES, L.L.C.



Principal Place of Business

SHEA STADIUM FLUSHING, NY 11368 Mailing Address

ATTN: GENERAL COUNSEL SHEA STADIUM FLUSHING, NY 11368

## FILED Jun 22, 2007 08:00 AM Secretary of State



CR2E083 (11/05)

Fee Required

Daytime Prione #

DO NOT WRITE IN THIS SPACE

05242007 No Chg-LLC

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

the obligations of registered agent.

STREET ADDRESS CITY+ST-ZIP

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BA BASEBALL COMPANY, L.L.C. 123-01 ROOSEVELT AVENUE FLUSHING, NY 11368		000000766528 06/22/07-80001-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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

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 Flonda. I am familiar with, and accept