2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # M03000000449 STERLING FACILITY SERVICES, L.L.C. Principal Place of Business Mailing Address SHEA STADIUM ATTN: GENERAL COUNSEL FLUSHING, NY 11368 SHEA STADIUM FLUSHING, NY 11368

FILED Jul 25, 2008 08:00 AM Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1671399 Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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WEST-611, 1 E 66661			IN THIS SPACE
8. The above	named entity submits this statement for the	e purpose of changing its registere	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.		U00000956301 07/25/08-80002-010 138 75
SIGNATURE.	Signature, typed or printed name of registered agent and to	ttle if applicable (NOTE: Registered	d Agent aignature required when reinstating)
FILI Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.19 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.
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		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 offect 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:

STREET ADDRESS

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