


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000005149 1. Entity Name STERLING EQUITIES I MANAGEMENT, LLC	
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Principal Place of Business C/O BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549	Mailing Address C/O BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549
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03272008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0680902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
 CORPORATE CENTER THREE AT INTL. PLAZA
 4221 WEST BOY SCOUT BLVD., STE. 1000
 TAMPA, FL 33607-5736

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UN00000385805
 04/18/08-80029-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, RICHARD 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RC Manager Date: April 3, 2008 Daytime Phone #: 914 666 7700

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