2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M07000005152

1. Entity Name
STERLING EQUITIES I, LLC

Principal Place of Business	Mailing Address
C/O BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549	C/O BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549

DO NOT WRITE IN THIS SPACE

03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
26-0574992

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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., SUITE 1000
TAMPA, FL 33607-5736

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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

000000868807
04/18/08-80029-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STERLING PRIME HOLDINGS, LLC
STREET ADDRESS	116 RADIO CIRCLE, SUITE 200
CITY-ST-ZIP	MOUNT KISCO, NY 10549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____, Manager April 3, 2008 914 666 7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #