

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV -6 AM 8

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership | 1a. DOCUMENT # A96000001357 |
| STIRLING DESIGN LIMITED PARTNERSHIP | |



*92-AR/cws
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| Mailing Address 1820 N.E. 163RD STREET, SUITE 203 NORTH MIAMI BEACH FL 33162 | Principal Office Address 1820 N.E. 163RD STREET, SUITE 203 NORTH MIAMI BEACH FL 33162 | 3. Date Formed or Registered 07/19/1996 | 5a. Capital Contributions as Shown on record \$300,000.00 |
| 2. Mailing Address 3389 SHERIDAN SQ Suite, Apt. #, etc. Box 322 City & State Hollywood, FL Zip 33021 Country USA | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 3a. Date of Last Report 01/27/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: 300,000.00 |
| | | 4. State or Country of Formation FL | 6. FEI Number 65-0686213 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

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| 9. Name and Address of Current Registered Agent HABER, ROBERT M 520 BRICKELL KEY DRIVE, SUITE 0-305 NORTH MIAMI BEACH FL 33162 | 10. If changed, new Registered Agent/Office Name 300002344483-6 Street Address (P.O. Box Number Is Not Acceptable) 11712797-01052 008 Suite, Apt. #, etc. ****550.00 ****550.00 City FL Zip Code |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|-------------------------------------|---|-----------------------------|-----------------------------------|
| STIRLING DESIGN MANAGEMENT C | 1820 N.E. 163RD STREE | NORTH MIAMI BEACH FL | P96000060686 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **11/21/97**

Typed or Printed Name of General Partner Signing Form **MICHAEL SCHACK** Daytime Telephone Number **954-961-7604**

CR2E003 (6/97)