

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 28 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A96000001357
STIRLING DESIGN LIMITED PARTNERSHIP	



Mailing Address 3389 SHERIDAN ST. BOX 322 HOLLYWOOD FL 33021	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	2a. Principal Office Address 3181 N. 34 ST	3a. Date of Last Report 11/06/1997	5b. Amount of Capital Contributions in FLORIDA to date: 300,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State HOLLYWOOD, FL	6. FEI Number 65-0686213	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Zip 33021	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

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 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 3389 SHERIDAN ST # 322	NORTH MIAMI BEACH FL HOLLYWOOD, FL 33021	P96000060686 100002749861--6 -01/21/99--01074--017 ***535.00 ***535.00

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 *Michael Schack* DATE 12/24/98
 Typed or Printed Name of General Partner Signing Form MICHAEL SCHACK Daytime Telephone Number 954-961-7604

CR2E003 (8/98)