

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001357

1. Entity Name
STIRLING DESIGN LIMITED PARTNERSHIP

FILED

02 JAN 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **3181 N. 34TH STREET HOLLYWOOD FL 33021**

Mailing Address: **3181 N. 34TH STREET HOLLYWOOD FL 33021**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **65-0686213**

Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DRIVE, SUITE O-305
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000060686
NAME	STIRLING DESIGN MANAGEMENT CORPORATION
STREET ADDRESS	3181 N. 34TH STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400004891324-6
CITY-ST-ZIP	-02/05/02--01085--004
STREET ADDRESS	***535.00 ***535.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Maria Aurora Meunier Schnock 1/24/02 954-612-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #