


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Feb 19, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A96000001357							
1. Entity Name STIRLING DESIGN LIMITED PARTNERSHIP							
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		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0686213			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HABER, ROBERT M 520 BRICKELL KEY DRIVE, SUITE O-305 NORTH MIAMI BEACH, FL 33162			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P96000060686		STREET ADDRESS	000000235757			
NAME	STIRLING DESIGN MANAGEMENT CORPORATION		CITY ST ZIP	02/19/05-80017-016 535.00			
STREET ADDRESS	3181 N. 34TH STREET						
CITY-ST-ZIP	HOLLYWOOD, FL 33021						
DOCUMENT #			STREET ADDRESS				
NAME			CITY ST ZIP				
STREET ADDRESS							
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STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>			Date: 2/12/05		Date: 9546122855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Date		



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