2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A96000001357 **DOCUMENT #**

1. Entity Name
STIRLING DESIGN LIMITED PARTNERSHIP



FILED 03 FEB -6 PM 4: 38

						CEPUFTARY OF S	TATE	
Principal Pt. 3181 N. 341 HOLLYWOO		S	Mailing Address 3181 N. 34TH STREET HOLLYWOOD FL 3302			SECHETARY OF S TALLAHAGUEE FL	Agisio M	
			•				)	1111
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY		
City & State			City & State			<u></u>		
Zip Country			71		4. FEI Number 65-0686213	Applied F Not Appli		
Country		Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
	6. Name	and Address of Current F	legistered Agent				Fee Required	
HABER, ROBERT M					Name			
520 BRICKELL KEY DRIVE, SUITE 0-305					Street Address (F	P.O. Box Number is Not Acceptable)		
NORTH MIAMI BEACH FL 33162								
								_
9 The show	o nomed antib				City	_	FL Zip Code	
<ol><li>The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.</li></ol>					ed office or registere	ed agent, or both, in the State of Florida.	I am familiar with, and acc	cept
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable.							DATE	. [
9. Capital Contributions as Shown on record. \$300,000.00 In FLORIDA to da					outions	11. MAKE CHECK PA	ABLE TO FL. DEPT. OF STA	ATE
	A G	ENERAL PARTNER TH	AT IS A BUSINESS E	NTITY M	UST BE REGIST	ERER AND AGENCY	DE FOR FEE INFORMATION	
12 OCNEDAL PROTEINS						must be filed to change a genera	el partner.	j
DOCUMENT # P9600060686					<u> </u>	ADDRESS CHANGE	SONLY	$\overline{}$
NAME STREET ADDRESS	3181 N. 34	ESIGN MANAGEMENT	T CORPORATION		ET ADDRESS	600n11an	The same of the same	
CITY-ST-ZIP		DD FL 33021		CITY-	ST-ZIP		1 \$535.00	$\dashv$
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STREET ADORESS CITY-ST-ZIP				CITY-S	T-ZIP		<u> </u>	
DOCUMENT # NAME		· · · · · · · · · · · · · · · · · · ·		STREET	ADDRESS			$\dashv$
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP			
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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: 🖊