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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -1 PM 1:40

1. Name of Limited Partnership

1a. DOCUMENT # A98000000303

STERLING MANOR II, LTD.

Mailing Address
1520 ROYAL PALM SQUARE BLVD., STE. 360
FT. MYERS FL 33919

Principal Office Address
1520 ROYAL PALM SQUARE BLVD., STE. 360
FT. MYERS FL 33919

3. Date Formed or Registered: 02/02/1998

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $7,500.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number ☑ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ.
HARLLEE/PORGES/HAMLIN/KNOWLES/BALD & PROUT
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name: Bowen A. Arnold
Street Address (P.O. Box Number Is Not Acceptable): 1520 Royal Palm Square Boulevard
Suite, Apt. #, etc.: Suite 360
City: Fort Myers FL Zip Code: 33919

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) [signature] DATE 9/13/98

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
CAPE CORAL HOUSING REHABILIT	1430 S.E. 16TH PLACE,	CAPE CORAL FL 33990	N95000001649
STERLING MANOR PARTNERS, INC	1520 ROYAL PALM SQUAR	FT. MYERS FL 33919	P98000006718

1 [illegible]
10/05/98 01 [illegible]
***141.25 ***141.2[illegible]

CR2E003 (8/98)

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 9/13/98

Typed or Printed Name of General Partner Signing Form: BOWEN A. ARNOLD, PRESIDENT

Daytime Telephone Number: 941 275 8029