2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001301

FILED

02 APR 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

STIRLING APARTMENTS II, LTD.

Principal Place of Business	Mailing Address
1130 WASHINGTON AVENUE. 4TH FLOOR MIAMI BEACH FL 33139	1130 WASHINGTON AVENUE. 4TH FLOOR MIAMI BEACH FL 33139

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0876181 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROJO, FRANCISCO
C/O STIRLING APARTMENTS II, INC.
1130 WASHINGTON AVENUE, 4TH FLOOR
MIAMI BEACH FL 33139

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
S.A. filed 2,847,000	$2,847,000	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000046780	STREET ADDRESS	
NAME	STIRLING APARTMENTS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	1130 WASHINGTON AVENUE, 4TH FLOOR		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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

EXT. 103

SIGNATURE: SIGNATURE REQUIRED FRANCISCO ROJO 3/21/02 (305)538-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President Date Daytime Phone #