

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002497

1. Entity Name

STERLING 45TH STREET LIMITED PARTNERSHIP

Principal Place of Business

209 PHIPPS PLAZA  
PALM BEACH FL 33480

Mailing Address

209 PHIPPS PLAZA  
PALM BEACH FL 33480-4241

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

65-0874175

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

6. Name and Address of Current Registered Agent

KOSOY, BRIAN  
209 PHIPPS PLAZA  
PALM BEACH FL 33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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 # P98000093192  
NAME STERLING 45TH STREET, INC.  
STREET ADDRESS 209 PHIPPS PLAZA  
CITY - ST - ZIP PALM BEACH FL 33480

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

800003290008--8  
-06/14/00--01116--015  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Brian D. Kosoy 4-24-00 561-835-1810  
President Date Daytime Phone #