

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

JHIP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 30 PM 2:00

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership STERLING 45TH STREET LIMITED PARTNERSHIP		1a. DOCUMENT # A98000002497	
Mailing Address 209 Phipps Plaza Palm Beach, FL 33480		Principal Office Address 209 Phipps Plaza Palm Beach, FL 33480	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 11/04/98		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation Florida		6. FEI Number 65 0874175	
7. Certificate of Status Desired		☒ Applied For ☐ Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent c/o CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324		10. If changed, new Registered Agent/Office Name: <u>Brian Kosoy</u> Street Address (P.O. Box Number is Not Acceptable): <u>209 Phipps Plaza</u> Suite, Apt. #, etc.: _____ City: <u>Palm Beach</u> <u>FL</u> Zip Code: <u>33480</u>	
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) <u>[Signature]</u>		DATE <u>Nov. 9, 1998</u>	
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) Sterling 45th Street, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 209 Phipps Plaza	11b. City, State & Zip Code Palm Beach, FL 33480	11c. Registration/Document Number P98000093192
8000002706188--8 -12/08/88--01056--018 ***150.00 ***150.00			
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 effect 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 <u>[Signature]</u>		Brian Kosoy, President DATE <u>Nov. 9, 1998</u>	
Typed or Printed Name of General Partner Signing Form <u>Sterling 45th Street, Inc.</u>		Daytime Telephone Number _____	

General Partner

CH2E003 (8/98)