

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # **A00000001244**

1. Entity Name
STERLING-LAKE MARY, LTD.

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **209 PHIPPS PLAZA PALM BEACH FL 33480**
Mailing Address **209 PHIPPS PLAZA PALM BEACH FL 33480**



2. Principal Place of Business **One N. Clematis St. Suite 305 West Palm Beach, FL**
3. Mailing Address **One N. Clematis St. Suite 305 West Palm Beach, FL**

DUE BY MAY 1, 2002

4. FEI Number **65-1031119** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KOSOY, BRIAN D
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) **One North Clematis St. Suite 305**
City **West Palm Beach** FL Zip Code **33401**

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. **\$398,000.00**
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000073095	STREET ADDRESS	One North Clematis St. # 305
NAME	STERLING-LAKE MARY, INC.	CITY-ST-ZIP	West Palm Beach, FL 33401
STREET ADDRESS	209 PHIPPS PLAZA		
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	300005312243--5
NAME		CITY-ST-ZIP	-04/22/02--01026--013
STREET ADDRESS			***535.00 ***535.00
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: **Brian D. Kosoy** 4-10-02 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/01)