

2002 UNIFORM BUSINESS REPORT (UBR)

0003857 AV

DOCUMENT # **A00000001415**

1. Entity Name

STERLING WESTLAND PROMENADE, LTD.

FILED

02 APR 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

~~PALM BEACH FL 33400~~

2. Principal Place of Business

3. Mailing Address

One N. Clematis St.

One N. Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401 USA

33401 USA

DUE BY MAY 1, 2002

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING WESTLAND G.P., INC.

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

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

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

DATE

9. Capital Contributions as Shown on record.

751,000

10. Amount of Capital Contributions in FLORIDA to date.

\$751,000.00

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 # **P00000086940**
NAME **STERLING WESTLAND G.P., INC.**
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33400~~

STREET ADDRESS *One N. Clematis St. #305*
CITY-ST-ZIP *West Palm Beach, FL 33401*

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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]* **BRAND D. K...** *4-15-02 561-835-1810*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

CP2E003 (9/01)