
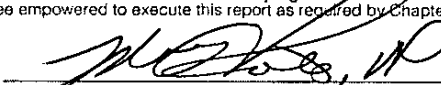


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

\* FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR 17 AM 10:57

DOCUMENT # A02000000161					
1. Entity Name STIRLING SQUARE ASSOCIATES, LTD.					
Principal Place of Business 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161			Mailing Address 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161		
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 04-3596082	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TATE, J. KENNETH 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$250,000.00			10. Amount of Capital Contributions in FLORIDA to date. 48,510.00		
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 #	M52042	STREET ADDRESS			
NAME	KEN JAM, INC.	CITY-ST-ZIP			
STREET ADDRESS	1175 N.E. 125TH STREET				
CITY-ST-ZIP	NORTH MIAMI, FL 33161				
DOCUMENT #		STREET ADDRESS			
NAME		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: 			3/14/05 305-891-1107 x 201		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone *		

STAPLE CHECK HERE