

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200002702052--6
-12/03/98--01081--010
*****526.25 *****526.25

1. Name of Limited Partnership

SAIL COR INVESTORS LTD
18701 N.E. THIRD CT.
N. MIAMI BEACH, FL 33179

1a. DOCUMENT #

A 14058

Mailing Address

AS ABOVE

Principal Office Address

18701 N.E. THIRD CT.
N. MIAMI BEACH, FL 33179

3. Date Formed or Registered

2/24/1983

5a. Capital Contributions as
Shown on record.

1,425,600

3a. Date of Last Report

12/31/97

4. State or Country of Formation

CALIFORNIA

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

18701 N.E. THIRD CT.

2a. Principal Office Address

18701 N.E. THIRD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL 33179

City & State

NORTH MIAMI BEACH, FL

Zip

Country

33179

DATE

Zip

33179

Country

DATE

6. FEI Number

942872769

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BENJAMIN F. HURTO
1003 S.E. 17TH STREET, Suite 200
FT. LAUDERDALE, FL 33316

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc.

City

200002702052--6
-12/03/98--01081--011

*****8.75 *****8.75

FL

Zip Code

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)

DATE

**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 FINANCIAL

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1017 E Street #D
Sauratfel, G. 9499

11b. City, State & Zip Code

Sauratfel, G. 9499

11c. Registration/
Document Number

G 9234-6000132

AL NOV 24 1998

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 effects 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

Donald Kamler

General Partner

DATE

11/20/98

Typed or Printed Name of General Partner Signing Form

Donald Kamler

Daytime Telephone Number

(415) 460-9992

CR2E003 (8/98)