

**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

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-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	
2. Mailing Address 18701 N.E. THIRD CT. Suite, Apt. #, etc.		2a. Principal Office Address 18701 N.E. THIRD CT. Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL 33179		City & State NORTH MIAMI BEACH, FL	
Zip 33179		Zip 33179	
Country DADE		Country DADE	
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		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation CALIFORNIA		6. FEI Number 942872769 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. 17 TH STREET, Suite 200 FT. LAUDERDALE, FL 33316		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, etc. City	
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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) 1017E Street #D Saurafael, CA 94999	11b. City, State & Zip Code Saurafael, CA 94999	11c. Registration/Document Number G 9234-6000132
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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)