


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000665</b>					
<b>1. Entity Name</b> STERLING-CAMDEN/NORTHWOOD LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0490908	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
KOSOY, DAVID ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent; and title if applicable</small>					
DATE _____					
<b>9. Capital Contributions as Shown on record.</b> \$499,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P94000036259	<b>NAME</b> STERLING II FLORIDA, INC.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> ONE N. CLEMATIS ST., STE. 805	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
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<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.</b>					
<b>SIGNATURE:</b> _____			By: <u>Brian P. Kosoy</u> , 4-19-04 (56) 835-1812 president		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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