
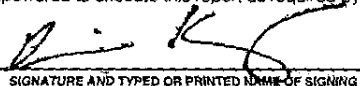


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000665					
1. Entity Name STERLING-CAMDEN/NORTHWOOD LIMITED PARTNERSHIP					
Principal Place of Business ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401		Mailing Address ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401			
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 65-0490908	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSOY, DAVID ONE N. CLEMATIS ST., STE. 805 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent	
				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. \$499,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
*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 #	P94000036259		STREET ADDRESS		
NAME	STERLING II FLORIDA, INC.		CITY-ST-ZIP		
STREET ADDRESS	ONE N. CLEMATIS ST., STE. 805				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date 04/25/05 Daytime Phone # 561-835-181		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Brian D. Kosoy, President					



02182005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0490908

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

FL Zip Code

000000347655
04/30/05-80123-007 535.00

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