


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A94000001361 |  |
| 1. Entity Name STIRLINGWOOD DEVELOPERS LTD. | |

| | |
|---|---|
| Principal Place of Business C/O LOUIS J. ANTONUCCI 1921 S.W. 74TH TERRACE PLANTATION FL 33317 | Mailing Address C/O LOUIS J. ANTONUCCI 1921 S.W. 74TH TERRACE PLANTATION FL 33317 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1ST MOORE CR2E003 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2225123 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent WEISMAN, DAVID C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022 |
|---|

| | |
|--|-------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

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|--|---|
| 9. Capital Contributions as Shown on record. \$3,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|--|---|

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 | |
|---------------------------------|--|
| DOCUMENT # | P94000061837 |
| NAME | SWDGP, INC. |
| STREET ADDRESS | C/O ANTONUCCI, 1921 S.W. 74TH TERRACE |
| CITY-ST-ZIP | PLANTATION FL 33317 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 1100000239294 |
| CITY-ST-ZIP | 02/22/05-80037-021 526.25 |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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: Louis J. Antonucci Louis J. Antonucci G.P. 2-16-05 954 790 0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE