

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # A95000000788

1. Entity Name

STERLING OXFORD LIMITED PARTNERSHIP

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

Mailing Address

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~



2. Principal Place of Business

One N. Clematis St.

Suite, Apt. #, etc.

Suite 305

City & State
West Palm Beach, FL

Zip
33401

Country
USA

3. Mailing Address

One N. Clematis St.

Suite, Apt. #, etc.

Suite 305

City & State
West Palm Beach, FL

Zip
33401

Country
USA

DUE BY MAY 1, 2002

4. FEI Number

65-0582398

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSOY, A. DAVID

~~209 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis St.

305

City
West Palm Beach

FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$455,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P95000036721
NAME STERLING IV FLORIDA, INC.
STREET ADDRESS ~~209 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33400~~

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DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

One North Clematis St. # 305
West Palm Beach, FL 33401

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(i), 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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Brian D. Kesay 4-10-02 561-835-1810
Date Daytime Phone #

CR2E003 (9/01)