## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A95000000788

1. Entity Name

STERLING OXFORD LIMITED PARTNERSHIP

Principal Place of Business

Principal Place of Business

KOSOY, A. DAVID

as Shown on record.

Mailing Address

-209 PHIPPS PLAZA--PALM BEACH FL 00400 - 209 PHIPPS PLAZA

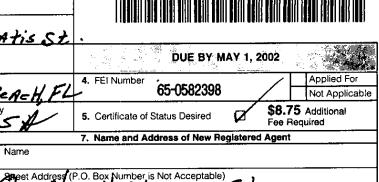
PALM BEACH FL 00400

Mailing Address

APPROVEL AND FILED

02 APR 17 PM 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



-200 PHIPPS PLAZA	Che Nort
-PALM BEACH FL 33480	4 305
	City.

West Tal 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

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SIGNATURE		 
SICHATORIC ASSESSMENT		 

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

6. Name and Address of Current Registered Agent

\$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

DATE

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

ematis st

Name

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 # NAME	P95000036721 STERLING IV FLORIDA, INC.	STREET ADDRESS	One North Clematis St. #305 West PALM BEACH, FL 3340/		
STREET ADDRESS City-St-Zip	<del>-209 PHIPPS PLAZA →</del> _PALM-BEACH-FL-33480 →	CITY-ST-ZIP	West PALM BEACH FL 3340/		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME		Street address	4000053122442 -04/22/0201026014		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****535.00 ****535.00		
DOCUMENT / NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
DOCUMENT / NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		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