


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership STERLING PARK-DELTONA LIMITED PARTNERSHIP		1a. DOCUMENT # A96000000108	
Mailing Address MARK PORATH 16830 VENTURA BLVD., #352 ENCINO CA 91436		Principal Office Address C/O JAMES GRIFFIN 1401 E BROWARD BLVD., #302 FT LAUDERDALE FL 33301	
2. Mailing Address c/o MARK PORATH 16133 VENTURA BLVD, STE 1400 ENCINO, CA 91436 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Country	
3. Date Formed or Registered 01/12/1996		5a. Capital Contributions as Shown on record \$838,255.55	
3a. Date of Last Report 02/24/1998		5b. Amount of Capital Contributions in FLORIDA to date 1,132,369.37	
4. State or Country of Formation FL		6. FEI Number 95-4554656 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent GRIFFIN, JAMES VICTORIA PARK CENTER 1401 E BROWARD BLVD., STE 302 FT LAUDERDALE FL 33301		10. If changed, new Registered Agent/Office Name: <u>DA</u> Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: <u>FL</u> Zip Code: <u>1</u>	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) <u>DA</u> DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) MS/SEP #2 GP, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 16830 VENTURA BLVD., 16133 VENTURA BLVD., # 1400	11b. City, State & Zip Code ENCINO CA 91436	11c. Registration/ Document Number L97000000589
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <u>SEE ATTACHED SIGNATURE BLOCK</u> DATE _____			
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)