



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 DEC 20 PM 1:42</b> 	
<b>1. Name of Limited Partnership</b>  <b>STERLING PALMS, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A96000000327</b>			
<b>Mailing Address</b> <b>POST OFFICE BOX 467 CONCORDVILLE PA 19331</b>		<b>Principal Office Address</b> <b>223 WILMINGTON WEST CHESTER PIKE CHADDS FORD PA 19317</b>		<b>3. Date Formed or Registered</b> <b>02/14/1996</b>	
				<b>5a. Capital Contributions as Shown on record.</b> <b>\$990.00</b>	
				<b>3a. Date of Last Report</b>	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> <b>\$990.00</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> <b>FL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> <b>BALLETTA, JAMES ESQUIRE 215 NORTH EOLA DR. CHADDS FORD FL 19317</b>		<b>10. If changed, new Registered Agent/Office</b> <b>Name</b> <b>Street Address (P.O. Box Number Is Not Acceptable)</b> <b>Suite, Apt. #, etc.</b> <b>City</b> <b>FL</b> <b>Zip Code</b>	
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**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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> <b>STERLING PALMS, INC.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>223 WILMINGTON WEST C</b>	<b>11b. City, State &amp; Zip Code</b> <b>CHADDS FORD PA 19317</b>	<b>11c. Registration/Document Number</b> <b>P96000010865</b>
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**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

**STERLING PALMS, INC., GENERAL PARTNER**

DATE

**12-17-96**

Typed or Printed Name of General Partner Signing Form

BY:

Daytime Telephone Number

**(601) 558-1500**

CR2E003 (6/96)