

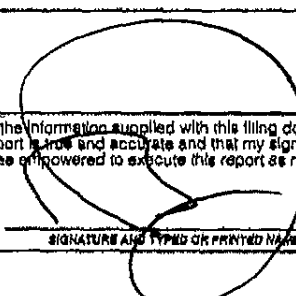
From:

04/29/2005 13:33 #068 P.001

FILED

May 11, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000000327			
1. Entity Name STERLING PALMS, LTD.			
Principal Place of Business 223 WILMINGTON WEST CHESTER CHADDS FORD, PA 19317		Mailing Address 364 WILMINGTON WEST CHESTER GLEN MILLS, PA 19342	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-2803439		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQUIRE 1205 MANATEE AVE. WEST BRADENTON, FL 32801		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record. \$1,048,822.00		10. Amount of Capital Contributions in FLORIDA to date. 861,548	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000027803	STREET ADDRESS	U00000386056
NAME	ALLIANT HOLDINGS OF FLORIDA, LLC	CITY-ST-ZIP	05/11/05-80028-001 526.25
STREET ADDRESS	340 ROYAL POINCIANA PLAZA, SUITE 305		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes.			
SIGNATURE: 		BRIAN DORAN 4/29/05 818-668-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE