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	Mailing Address
223 WILMINGTON WEST CHESTER CHADDS FORD, PA 19317	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

04292005 Chg-LP CR2E003 (10/03)

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	7. Name and Address of New Registered Agent
HAMLIN, CURTIS D ESQUIRE 1205 MANATEE AVE. WEST BRADENTON, FL 32801	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. $1,045,822.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000027803 ALLIANT HOLDINGS OF FLORIDA, LLC 340 ROYAL POINCIANA PLAZA, SUITE 305 PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	U00000366056 05/11/05--80028--001 **26.25
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STAPLE CHECK HERE

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: BRIAN DORAN 4/29/05 818-668-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #