


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 21 PM 2:12	
1. Name of Limited Partnership		1a. DOCUMENT # A96000001155			
STERLING LAKE HOWELL LIMITED PARTNERSHIP					
Mailing Address 209 PHIPPS PLAZA PALM BEACH FL 33480		Principal Office Address 209 PHIPPS PLAZA PALM BEACH FL 33480		3. Date Formed or Registered 06/20/1996	
				5a. Capital Contributions as Shown on record. \$990,000.00	
				3a. Date of Last Report 01/03/1997	
				5b. Amount of Capital Contributions in FLORIDA to date. \$990,000.00	
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0674248 <input checked="" type="checkbox"/> Applied for APPLIED FOR <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input checked="" 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		10. If changed, new Registered Agent/Office	
STERLING V FLORIDA, INC. 209 PHIPPS PLAZA PALM BEACH FL 33480		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	

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.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
STERLING V FLORIDA, INC.	209 PHIPPS PLAZA	PALM BEACH FL 33480	P96000052182
8000002357288--8 -11/25/97--01091--018 ****550.00 ****550.00 <i>Dec (new)</i>			

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 By: *David Kosay, President*

DATE *11-19-97*

Typed or Printed Name of General Partner Signing Form *David Kosay* Daytime Telephone Number *561-835-1810*

CP2E003 (5/97)