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

1a. DOCUMENT # **A96000001155**

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

98 SEP 25 PM 2: 16

STERLING LAKE HOW	ELL LIMITED PARTNERSH	IP			
Mailing Address	Principal Office Address	Principal Office Address		58. Capital Contributions as Shown on record.	
209 PHIPPS PLAZA PALM BEACH FL 33480	209 PHIPPS PLAZA	209 PHIPPS PLAZA PALM BEACH FL 33480		\$990,000.00	
	Them belieff to down		3a. Date of Lest Report 11/21/1997 4. State or Country of Formation	5b. Amount of Cepital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Addres	28. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required tate (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.		Name			
209 PHIPPS PLAZA		Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480		Sulte, Apt. #, etc.			
		City		FL Zip Colle	
for the purpose of changing its regis	ns 620.1051 and 620.192, Florida Statutes, the above- stered office or registered agent, or both, in the State of trithe obligations of section 620.192, Floride Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNE	R THAT IS A CORPORATION MUST BE REGISTERED	N, LIMITED AND ACTIV	PARTNERSHIP OR OTHER	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each G		11b. City, State & Zip Code	11c. Registration/ Document Number	
STERLING V FLORIDA, INC. 209 PHIPPS PLAZA			PALM BEACH FL 33480	P96000052182	
		į		P96000052182	
A			0000026 -09/28/ *****53	503904 9801101023 95,00 ****535.00	

12. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I refease 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.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

dispension to execute this federal as required by crispies ozo, i fortus bialdid

SIGNATURE _

prid Kasoy, Pras.

DATE 9-16-7

Davtime Telephone Number 54/ - 835-18/0