

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 DEC -1 PM 12:59

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000225

STERLING MANOR, LTD.



Mailing Address

2911 DEL PRADO BLVD.
CAPE CORAL FL 33904

Principal Office Address

2911 DEL PRADO BLVD.
CAPE CORAL FL 33904

3. Date Formed or Registered

01/27/1997

5a. Capital Contributions as Shown on record

\$7,500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

1430 S.E. 16th Place

2a. Principal Office Address

1430 S.E. 16th Place

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

Unit B

City & State

Cape Coral, FLA

City & State

Cape Coral, FLA

Zip

33990

Country

USA

Zip

33990

Country

USA

6. FEI Number

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

HAMLIN, CURTIS D ESQ.
C/O HARLEE, PORGES, ET AL
1205 MANATEE AVE. WEST
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

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)

CAPE CORAL HOUSING REHABILIT
HARDING CONSTRUCTION SERVICE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2911 DEL PRADO BLVD.
5544 FAIRFAX STREET

11b. City, State & Zip Code

CAPE CORAL FL 33904
ORLANDO FL 32812

11c. Registration/Document Number

N95000001649
V26828

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-12/10/97--01006--020
***156.25 ***156.25

KWM

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

The Rev Richard Hager
CCHRO

DATE

10/27/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-542-2709

CR2E003 (6/97)