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 FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

98 SEP 25 PM 2: 16

1. Name of Limited Partnership	¹⁸ A9700000910			
STERLING HOBE SOUND, LT	D.			
Melling Address	Principal Office Address 209 PHIPPS PLAZA PALM BEACH FL 33480		3, Date Formed or Registered	5a. Capital Contributions as Shown on record. \$287,000.00 5b. Amount of Capital Contributions in FLORIDA to date:
209 PHIPPS PLAZA PALM BEACH FL 33480			04/24/1997 3a. Date of Last Report 12/22/1997	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
City & State	City & State			\$8.75 Additional Fee Regulred
Zip Country	Zip	Zip Country		State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
STERLING HOBE SOUND, INC. 209 PHIPPS PLAZA PALM BEACH FL 33480		Name Street Address (P.O. Box Number Is Not Acceptable)		
		Sulte, Apt. #, etc.		
		City FL zip down		
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Fig.	ned limited partne orida. Such chang	rship organized or registered under the laws of the ews authorized by its general partner(s). I hereb	State of Florida, submits this statement
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	I IS A CORPORATION, ST BE REGISTERED A	LIMITED ND ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/ Document Number
STERLING HOBE SOUND, INC. 209 PHIPPS PLA		PALM BEACH FL 33480		P97000036905
			1000025 -09/287 ****53	:\$0 6 91—4 98—01123—026 95.00 ****535.00

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 Statules.

SIGNATURE _

9-16-98