## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # A97000000910 STERLING HOBE SOUND, LTD. Principal Place of Business Mailing Address ONE N. CLEMATIS ST., STE. 305 ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #. etc 04162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0746025 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STERLING HOBE SOUND, INC. ONE N. CLEMATIS ST., STE. 305 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 City 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 Signature typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$287,000.00 as Shown on record in FLORIDA to date. 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 ADDRESS CHANGES ONLY P97000036905 DOCUMENT # STREET ADDRESS STERLING HOBE SOUND, INC. NAME STREET ADDRESS ONE N. CLEMATIS ST., STE, 305 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP U000000157618 CITY-ST-ZIP <del>05/06/04-80034-018-535.00</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP 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

**FILED**