

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000910**

1. Entity Name  
STERLING HOBE SOUND, LTD.



Principal Place of Business  
ONE N. CLEMATIS ST., STE. 305  
WEST PALM BEACH, FL 33401

Mailing Address  
ONE N. CLEMATIS ST., STE. 305  
WEST PALM BEACH, FL 33401



04112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0746025

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STERLING HOBE SOUND, INC.  
ONE N. CLEMATIS ST., STE. 305  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # P97000036905  
NAME STERLING HOBE SOUND, INC.  
STREET ADDRESS ONE N. CLEMATIS ST., STE. 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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CITY-ST-ZIP

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U00000535000  
05/08/06-80025-019 158.75

U00000540588  
05/10/06-80024-009 508.75

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Brigid D. Kasey* 04-19-06 561-835-1810  
President

STAPLE CHECK HERE