FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP . WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



STERLING CASSELBERRY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A97000000989

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 PM 4: 16

				# 103:0 13 IDEO 10111 IO011 00111 0	8111 88111 8811
Mailing Address 209 PHIPPS PLAZA PALM BEACH FL \$3480 2. Mailing Address Suite, Apt. #, etc. City & State		Principal Office Address 209 PHIPPS PLAZA PALM BEACH FL 33480 28. Principal Office Address Suite, Apt. #, etc. City & State		3. Date Formed or Registered 05/05/1997 38. Date of Last Report 11/21/1997 4. State or Country of Formation FL 6. FEI Number 65-0748324 7. Certificate of Status Desired	58. Capital Contributions as Shown on record. \$190,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Regulred
Zip C	ountry	Zip Coun	try	8. Make check payable to: Dept. of	State (See reverse side for fee Information)
STERLING VII FLORIDA 209 PHIPPS PLAZA PALM BEACH FL 3348 10a. Pursuant to the provision for the purpose of chang agent. 6 am familiar with, SIGNATURE (Registered Agent A	Ons of sections 620,1051 and 62 ing its registered office or regis, and accept the obligations of a ccepting Appointment)	Nat Stro	eet Address (P.O. te, Apt. #, etc. / id partnership orgi	非常来来[anized or registered under the laws of the thorized by its general partner(s). I hereb DATE	State of Florida, submits this statement accept the appointment of registered
	MUST	BE REGISTERED AND A	CTIVE W	TH THIS OFFICE.	
11. Name(s) of General P	artner(s)	11a. Address of Each General Partn (Do NOT Use Post Office Box Num	er bers) 11b.	City, State & Zip Code	116. Registration/ Document Number
Sterling vii Florid	A, INC.	209 PHIPPS PLAZA	İ	ALM BEACH FL 33480	P9 7000039762
				4UUDO26 10/07/	\$7084 ₀₀₁ 2

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 cath. 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.

SIGNATU	RE
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Typed or Printed Name of General Partner Signing

****385.00 ****385.00