

2002 UNIFORM BUSINESS REPORT (UBR)

APPROV
AND
FILED

0004020
AV

DOCUMENT # A97000000989

1. Entity Name

STERLING CASSELBERRY LIMITED PARTNERSHIP

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~300 PHIPPS PLAZA~~

~~300 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

~~PALM BEACH FL 33400~~



2. Principal Place of Business

3. Mailing Address

One North Clematis St.

One N. Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

4. FEI Number

65-0748324

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING VII FLORIDA, INC.

~~300 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

Name

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis St. #305

City

West Palm Beach

FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$190,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000039762
NAME STERLING VII FLORIDA, INC.
STREET ADDRESS ~~300 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33400~~

STREET ADDRESS One N. Clematis St. #305
CITY-ST-ZIP West Palm Beach, FL 33401

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 900005312239--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP -04/22/02--01026--011
****535.00 ****535.00

DOCUMENT #
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NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BRAND D. KASOY
President

Date

Daytime Phone #

4-10-02 561-835-1810

CR2E003 (9/01)