

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A97000002098

1. Entity Name
STERLING (CAMDEN) LIMITED PARTNERSHIP



Principal Place of Business
**ONE N. CLEMATIS ST., STE. 805
WEST PALM BEACH, FL 33401**

Mailing Address
**ONE N. CLEMATIS ST., STE. 805
WEST PALM BEACH, FL 33401**



04112006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0783220

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOSOY, BRIAN D
ONE N. CLEMATIS ST., STE. 805
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 # **P97000078078**
NAME **STERLING (CAMDEN) II FLORIDA, INC.**
STREET ADDRESS **ONE N. CLEMATIS ST., STE. 805**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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100000540586
05/10/06-80024-007 508.75

100000535006
05/08/06-80035-021 158.75

**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 #

Brian D. Kosoy 04-19-06 561-835-1810

STAPLE CHECK HERE