

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000000136

1. Entity Name
NHPAHP FALLS-STERLING LIMITED PARTNERSHIP



Principal Place of Business

1675 PALM BEACH LAKES BLVD., #900
 WEST PALM BEACH, FL 33401-1

Mailing Address

1675 PALM BEACH LAKES BLVD., #900
 WEST PALM BEACH, FL 33401-1

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0808400

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

ERBEY, JOHN R
 1675 PALM BEACH LAKES BLVD., #1002
 WEST PALM BEACH, FL 33401-1

Name

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

City

FL 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 as Shown on record. **\$2,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,704,697**

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

OCWEN FEDERAL BANK FSB
 1675 PALM BEACH LAKES BLVD., #900
 WEST PALM BEACH, FL 334011

STREET ADDRESS

CITY-ST-ZIP

0000032515430
 04/13/04-01022-011 **526.25

DOCUMENT #
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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:  **MARK J. NICHOLS, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

561-682-8000

Daytime Phone #

OCWEN FEDERAL BANK FSB

STAPLE CHECK HERE