2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9800000360

1. Entity Name STERLING AVIATION, LTD.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

801 ARTHUR GODFREY MIAMI BEACH, FL 33140 Mailing Address

801 ARTHUR GODFREY MIAMI BEACH, FL 33140



04052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For
65-0829475	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BITTEL, STEPHEN 801 ARTHUR GODFREY MIAMI BEACH, FL 33140

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 acc	ept
	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, 2007, 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 / NAME STREET ADDRESS	L01000020014 STERLING AVIATION, LLC. 801 ARTHUR GODFREY		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
DOCUMENT # NAME STREET ADDRESS - CITY+ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STHEET ADDRESS			

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:

STAPLE CHECK HERE

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZIP



4/19/07

705-779-8914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daylime Phone