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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

<sup>1a.</sup> DOCUMENT # A98000001205

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 PN 4: 16

9-16-98

561-835-1810

STERLING-WORTHINGTON, LTD.						
Meiling Address  209 PHIPPS PLAZA PALM BEACH FL 33408	Principal Office Address  209 PHIPPS PLAZA PALM BEACH FL 33408		3. Date Formed or Ro 05/13/1998 3a. Date of Last Rep		5a. Capital Contributions as Shown on record. \$99,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of	4. State or Country of Formation			
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number	<b>-</b>	Applied For Not Applicable	
	•		7. Certificate of Status	Desired	\$8.75 Additional	
Zip Country	Zip	Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)		
215 NURTH BULA DRIVE ORLANDO FL 32801  Suite, Apt. # City  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Figrida Statutes, the above-named limited partne for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such chang agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION LIMITED MUST BE REGISTERED AND ACTIVE.			PARTNERSHIP OR OTHER BUSINESS ENTITY  PER STATE  PARTNERSHIP OR OFFICE.			
11. Name(s) of General Partner(s)  STERLING WORTHINGTON, INC.	209 PHIPPS PLAZA		11b. City, State & Zip Code  PALM BEACH FL 33408  SCICIO 25  -10/06/		P98000019009	
Note: General partners MAY NOT b	e changed on this form	; an ame			00 ****\$35.00	

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), Fiorida Statutes. I release the Division of

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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 oath. 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.