

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003891 AV

DOCUMENT # **A99000000367**

1. Entity Name

STERLING ROYAL OAKS LIMITED PARTNERSHIP

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~



2. Principal Place of Business

3. Mailing Address

One N. Clematis St.

One N. Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

West Palm Beach, FL

West Palm Beach, FL

Zip *33401*

Country *USA*

Zip *33401*

Country *USA*

4. FEI Number

65-0908154

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSOY, A. DAVID

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

Name

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

One North Clematis St.

Suite 305

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.

\$445,500.00

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 # **P99000021398**
NAME **STERLING X FLORIDA, INC.**
STREET ADDRESS ~~209 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

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

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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

Brian D. Kosoy **4-10-02 561-835-1810**
President

Date

Daytime Phone #

CR2E003 (9/01)