

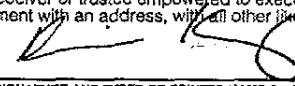


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086940 1. Entity Name STERLING WESTLAND G.P., INC.					
Principal Place of Business ONE NORTH CLEMATIS ST STE 305 WEST PALM BEACH, FL 33401		Mailing Address ONE NORTH CLEMATIS ST STE 305 WEST PALM BEACH, FL 33401			
DO NOT WRITE IN THIS SPACE		 04162004 No Chg-P CR2E034 (10/03)			
		4. FEI Number 65-1047977		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
KOSOY, BRIAN D ONE NORTH CLEMATIS ST #305 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P KOSOY, BRIAN D ONE NORTH CLEMATIS ST STE 305 WEST PALM BEACH, FL 33401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD COSTELLO, VINCENT J ONE N CLEMATIS ST STE 305 WEST PALM BEACH, FL 33401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VT SHEEVE, DAVID ONE N CLEMATIS ST #305 WEST PALM BEACH, FL 33401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right; margin-bottom: 20px;">U000000140838 04/29/04-80179-001 158.75</div> DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Brian D. Kosoy 4-19-04 (561) 835-1810 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					