2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GIRECTOR

FILED Mar 14, 2006 08:00 AM

ANNUAL REPORT							Secretary of State				
DOCUMENT # P0000086940 1. Entity Name STERLING WESTLAND G.P., INC.							Secre	tary o	i Sta	ате	
Principal Plac	e of Busines	s									
ONE NORTH	CLEMATIS S	ΣT .	ONE NORTH CLEMATIS ST			{					
STE 305		•	STE 305			{					
WEST PALM			<u> </u>	WEST PALM BEACH, FL 33401							
2. Principal Place of Business			3. Mailing Address			}	1 83 00 83 00 33 00 38 00 38 0	23/2 3/4 1 2		18 8 11 18 81	
Suña, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-P	CR2E034			
City & State			City & State			4. FE! Number App/ied For 65-1047977 Not Applicable					
Zip	Country		Zip Country		ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
			Name								
KOSOY, BRIAN D ONE NORTH CLEMATIS ST					Street Address (P.O. Box Number is Not Acceptable)						
#305 WEST PALM BEACH, FL 33401						_					
					City			FL	Zip Code	'	
3. The above named entity aubmits this statement for the purpose of changing its registered affice 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 all registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DI	RECTORS	II M	
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NAME	KOSOY, BRIAN D			HAM	- }		(おけいは) ~ も むなとらない。		11.í	1 1313	
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12. I hareby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. 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 cath; 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. 2/21/ble 5/2/835-/8/D									}		
SIGNAT	URE:	u		\checkmark		7 141 104	<u>ر</u>	AL. 8 72	101		