


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000068957 1. Entity Name STERLING CYPRESS G.P., INC. |  |
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| Principal Place of Business ONE NORTH CLAMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 | Mailing Address ONE NORTH CLAMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 |
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| 4. FEI Number 65-0782607 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 000000000000 | |

6. Name and Address of Current Registered Agent

**KOSOY, BRIAN D
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 000000000000 | |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KOSOY, BRIAN D ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MOROSS, GREGORY S ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT SHREEVE, DAVID J ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV COSTELLO, VINCENT J ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 (54) 835-1810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President