

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22042**

1. Entity Name

STILES WEST ASSOCIATES, LTD.



Principal Place of Business

300 SE 2ND STREET  
FT. LAUDERDALE FL 33301

Mailing Address

300 SE 2ND STREET  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-2660312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E003 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, PATRICIA  
300 SE 2ND STREET  
FT. LAUDERDALE FL 33301

Name

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

City

**FL**

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$6,551,429.21

10. Amount of Capital Contributions  
in FLORIDA to date.

\$6,551,429.21

11. MAKE CHECK PAYABLE TO FL. 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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
A22004  
GLADES ASSOCIATES, LTD.  
300 SE 2ND STREET  
FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS

CITY - ST - ZIP

1000000160165  
05/13/04-80010-008-526.25

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:

*Patricia Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-04

Date

954-627-9350

Daytime Phone #

STAPLE CHECK HERE