2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DO	CI	J٨	1FI	NT	#	A22	042

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



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LP

CR2E003 (12/06)

FEI Number
 59-2660312

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	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, the obligations of registered agent.	I am familiar with, and accept
		,
SIGNATURE		DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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

DOCUMENT / A22004

NAME GLADES ASSOCIATES, LTD.

STREET ADDRESS
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT / DOCUMEN

U00000721475 05/01/07-80146-018 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

ONING GENERAL PARTNER

SIGNATURE:

NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Terry W. Stiles

4/10/07 Date 954-627-9300

Daytime Phone ≢