

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:35

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-LP CR2E003 (12/06)

4. 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

7. Name and Address of New Registered Agent

Name
Robert Esposito
 Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation
300 SE 2nd Street
 City
Ft. Lauderdale FL 33301

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  **Robert Esposito**

DATE

1/31/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	300 SE 2ND STREET
CITY - ST - ZIP	FT. LAUDERDALE, FL 33301

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	300121514003
	03/28/08 01012-027 **500.00

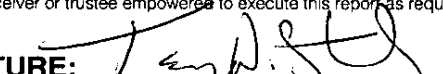
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE:  **Terry W. Stiles** January 31, 2008 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE