

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001883 AV

**DOCUMENT # A95000000289**



1. Entity Name  
**STIRLING HOTEL ASSOCIATES, LTD.**

**FILED**

**03 APR 30 AM 10:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139**

Mailing Address  
**77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0597683**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, LOLA  
77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139**

Name **LOLA THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**15 N Ocean Blvd.**  
City **Pompano Beach** **FL** Zip Code **33062**

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 *Lola Thomas*      DATE 04/24/03  
Signature, typed or printed name of registered agent and title if applicable.      DATE

9. Capital Contributions as Shown on record.      **\$1,877,275.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P94000024925**  
NAME **STIRLING HOSPITALITY, INC.**  
STREET ADDRESS **77 NORTH HIBISCUS DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS  
CITY-ST-ZIP **04/30/03--01105--002 \*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **400017612184**  
CITY-ST-ZIP **04/30/03--01105--002 \*\*535.00**

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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: *Lola Thomas*      **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**783-0283**  
**04/24/03**      **954-~~550-0289~~**  
DATE      Daytime Phone #

CR2E003 (10/02)