

2001 UNIFORM BUSINESS REPORT (UBR)

0008507 AF

DOCUMENT # A96000000892

1. Entity Name
STILES HOLDINGS AND INVESTMENT PARTNERSHIP, LTD.

FILED

01 APR 30 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business
300 SE 2nd Street

3. Mailing Address
300 SE 2nd Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0670167

Applied For
 Not Applicable

Zip
33301

Country

Zip
33301

Country

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

6. Name and Address of Current Registered Agent
**DUKE, BRYAN W ESQUIRE
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
Patricia Jones

Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation

300 SE 2nd Street

City
Ft. Lauderdale, FL

FL Zip Code
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.

SIGNATURE *Patricia Jones* DATE **2/21/01**

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **4,319,279.76**

10. Amount of Capital Contributions in FLORIDA to date **\$4,319,279.76**

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P96000040296
NAME	STILES HOLDINGS AND INVESTMENT PTNRSH, INC
STREET ADDRESS	6400 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300 SE 2nd Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
STREET ADDRESS	
CITY-ST-ZIP	FF # 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004219348--4
CITY-ST-ZIP	-05/16/01--01019--026
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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* DATE **2/21/01** DAYTIME PHONE # **954/627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)