


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

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

DOCUMENT # A9600000892

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



Principal Place of Business Mailing Address
300 SE 2ND STREET **300 SE 2ND STREET**
FORT LAUDERDALE FL 33301 **FORT 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



MOORE CR2E003 (11/03)

4. FEI Number Applied For
65-0670167 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
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$4,589,973.64** 10. Amount of Capital Contributions in FLORIDA to date. **\$4,553,724.96** 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 #	P96000040296	STREET ADDRESS	
NAME	STILES HOLDINGS AND INVESTMENT PTNRSH, INC	CITY - ST - ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY - ST - ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
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05/13/04-20004-022-526.25

STAPLE CHECK HERE

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 4.22.04 954.627.9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #