2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000000892

1. Entity Name

STILES HOLDINGS AND INVESTMENT PARTNERSHIP,



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

Principal Place of Business

300 SE 2ND STREET FORT LAUDERDALE, FL 33301 Mailing Address

300 SE 2ND STREET FORT LAUDERDALE, FL 33301



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0670167

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 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

	ve named entity submits this statement for the purpose of changing its registered office or registered ager ations of registered agent.	at, or both, in the State of Florida.	I am familiar with, a	nd accept
SIGNATUR		,	DATE	
	Signature, typed or printed name of registered agent and title if applicable.		JAIL	

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.

GENERAL PARTNER INFORMATION 12. P96000040296 DOCUMENT # STILES HOLDINGS AND INVESTMENT PTNRSHP.INC NAME STREET ADDRESS 300 SE 2ND STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33301 DOCUMENT # NAME STREET ADDRESS CITY+ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

U00000721455 05/01/07-80146-011 500.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Terry W. Stiles

4/10/07

954-627-9300

Daylime Phone # -

HCK HERE

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