

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002758 AV

DOCUMENT # A96000000892



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

FILED

03 APR 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
**300 SE 2ND STREET
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

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

**JONES, PATRICIA
300 SE 2ND STREET
FORT LAUDERDALE FL 33301**

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. **\$4,319,279.76** 10. Amount of Capital Contributions in FLORIDA to date. **\$4,589,973.69** 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 PTRNSHP, INC	CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100017316281
STREET ADDRESS			04/29/03--01074--005 **526.25
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NAME		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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 **934-627-9300**
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE