2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000001048

1. Entity Name THIRD AVENUE ASSOCIATES, LTD.



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

Principal Place of Business

300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 Mailing Address

300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0669672 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301

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FT. LAUDERDALE, FL 33301		IN THIS SPACE
	e named entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.	00
_		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION A99000000463 S/ELA GP, LTD. 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	U00000721484 05/01/07-80146-021 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN

Terry W. Stiles 4/

4/10/07

954-627-9300

Daytime Phone #