

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A00000000339**

1. Entity Name  
**STILLMAN FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

Principal Place of Business  
**1090 PAPAYA STREET  
HOLLYWOOD, FL 33019**

Mailing Address  
**1090 PAPAYA STREET  
HOLLYWOOD, FL 33019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0976581**

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

**WOLFE, RICHARD C ESQ  
2 S. BISCAYNE BLVD., STE. 2460  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

**550 Brickell Ave PH Suite**

City **Miami**

FL

Zip Code  
**33131**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,000,000**

**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 # **P00000018964**  
NAME **B&A INVESTMENTS, INC.**  
STREET ADDRESS **1090 PAPAYA STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**000034490400**  
**04/28/04--01071--028 \*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**LAURENCE P. STILLMAN**

**4/8/04**

**305-904-0037**

Date

Daytime Phone #