

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002355  
AV

DOCUMENT # **A00000000834**

1. Entity Name  
**STILES PROPERTY #3 III, LTD.**

02 APR 19 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>	Mailing Address <b>300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State
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4. FEI Number <b>65-1013445</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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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  
C/O STILES CORPORATION  
300 S.E. 2ND STREET  
FORT LAUDERDALE FL 33301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$2,200.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P0000050304 STILES PROPERTY #3 III, INC. 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>300005350609--4</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>-04/26/02--01021--017 ****141.25 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

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

Date: **2/01/02** Daytime Phone #: **954-627-9300**