
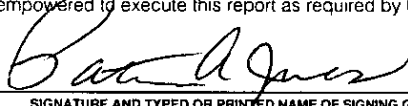


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A00000000834			
1. Entity Name STILES PROPERTY #3 III, LTD.			
Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301		Mailing Address 300 S.E. 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
6. Name and Address of Current Registered Agent JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. 5,900.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,841.00	
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 #	P00000050304	STREET ADDRESS	
NAME	STILES PROPERTY #3 III, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	200036272292
NAME		CITY-ST-ZIP	05/13/04--01042--019 **141.25
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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:  Patricia Jones		Date 4-22-04 Daytime Phone # 954-627-9350	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

FILED

04 MAY 13 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

4. FEI Number **65-1013445**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

STAPLE CHECK HERE