

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000385

1. Entity Name  
ALICE STILLMAN FAMILY LTD.



Principal Place of Business  
980 NORTH FEDERAL HIGHWAY, SUITE 402  
BOCA RATON, FL 33432

Mailing Address  
980 NORTH FEDERAL HIGHWAY, SUITE 402  
BOCA RATON, FL 33432

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

04062005 Chg-LP CR2E003 (10/03)

4. FEI Number  
APPLIED FOR 65-1091018

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, BILL T JR., ESQ  
980 NORTH FEDERAL HIGHWAY, SUITE 402  
BOCA RATON, FL 33432

## 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 *Bill T. Smith Jr.* Bill T. Smith Jr. Registered Agent 4/7/05  
DATE

9. Capital Contributions as Shown on record. \$10,192,812.43

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # L01000001784  
NAME A. STILLMAN LLC  
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 402  
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 800054023518  
CITY-ST-ZIP 05/06/05--01087--010 \*\*526.25

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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

*Bill T. Smith Jr.*  
Managing Member

4/7/05 (561) 368-5157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE