

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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**

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000000930705  
05/21/08-80119-018 500.00

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14. I hereby certify that the information supplied with this filing 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE