


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

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001504			
1. Entity Name STILES BOCA HOTEL, 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
4. FEI Number 65-1160800		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, PATRICIA 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date \$249,970.41	
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 #	NAME	STREET ADDRESS	
NAME	STILES BOCA HOTEL, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY - ST - ZIP	FORT LAUDERDALE FL 33301		
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4. FEI Number 65-1160800 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

JONES, PATRICIA
300 S.E. 2ND STREET
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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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:

Patricia Jones
Patricia Jones

4-22-04

954-627-9350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE