


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 | | |
| 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. | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| \$300,000.00 | | \$249,720.44 | | | |
| 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 # | P02000122288 | | STREET ADDRESS | | |
| NAME | STILES BOCA HOTEL, INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 300 S.E. 2ND STREET | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33301 | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | 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)(f), 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: _____ <i>Rocco Ferrero</i> 4/25/05 554-627-9301 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

STAPLE CHECK HERE



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1160800 Applied For
Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$300,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **\$249,720.44**

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 # | P02000122288 | | STREET ADDRESS | | |
| NAME | STILES BOCA HOTEL, INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 300 S.E. 2ND STREET | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33301 | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | | | 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)(f), 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: _____ *Rocco Ferrero* **4/25/05** **554-627-9301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #