## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 /

## FILED Apr 13, 2006 08:00 AM Secretary of State

DOCUMENT	#	A0200000	)1	504	ļ
----------	---	----------	----	-----	---

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



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LP
4. FEI Number

CR2E003 (11/05)

4. FEI Number ; 65-1160800

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

					÷
	a named entity submits this statement for the purpose of citions of registered agent.	changing its reg	istered office or registered age	ent, or both, in the State of	of Florida. I am familiar with, and acco
SIGNATURE	Signature, typed or printed name of registered agent and life if applicable			<u> </u>	DATE _
	FILE NOWIII FEE IS \$ After May 1, 2006, Fee wil	500.00 1 <b>be \$</b> 900.0	0		
	A GENERAL PARTNER THAT IS A BUS NOTE: General Partners MAY NOT be cha	INESS ENTIT	Y MUST BE REGISTERE	D AND ACTIVE WITH st be filed to change	THIS OFFICE. a general partner.
12.	GENERAL PARTNER INFORMATION				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P02000122288 STILES BOCA HOTEL, INC. 300 S.E. 2ND STREET				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			U000 94/26/4	000505876 06 80131-024 500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				O NOT V	
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZP		2	1	N THIS S	PACE
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP					
GOCUMENT F					

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 it made under each; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Terry Stiles

4/4/06

964-627-938

Daytime Phone #