

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000289

1. Entity Name  
STIRLING HOTEL ASSOCIATES, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Mailing Address  
77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0597683

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, LOLA  
77 NORTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Name *LOLA THOMAS*

Street Address (P.O. Box Number is Not Acceptable)  
*15 N Ocean Blvd.*

City *Pompano Beach* FL Zip Code *33062*

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 *Lola Thomas*

DATE

9. Capital Contributions  
as Shown on record. \$1,877,275.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P94000024925  
NAME STIRLING HOSPITALITY, INC.  
STREET ADDRESS 77 NORTH HIBISCUS DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01105--002 \*\*\$35.00~~

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400017612184  
04/30/03--01105--002 \*\*\$35.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Lola Thomas*  
04/24/03 783-0283  
954-555-1229

Date

Daytime Phone #

CR2E003 (10/02)

0001883  
AV