



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000001003 1. Entity Name STILES THIRD AVENUE, LTD.						FILED 2005 MAY -9 PM 1:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 300 SE 2ND STREET FORT LAUDERDALE, FL 33301				Mailing Address 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0669327		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	01042005 Chg-LP CR2E003 (10/03)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES, PATRICIA 300 SE 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 <u><i>[Signature]</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. 108,971.47				10. Amount of Capital Contributions in FLORIDA to date. \$108,971.47			
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 #	P96000043595			STREET ADDRESS			
NAME	STILES THIRD AVENUE, INC.			CITY - ST - ZIP			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301			CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
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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: <u><i>[Signature]</i></u> Rocco Ferrara				Date 4/25/05		Daytime Phone # 954-627-9308	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>		<small>Daytime Phone #</small>	

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