2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE

SIGNATURE:

SECRETARY OF STATE DOCUMENT # A96000001003 1. Entity Name 08 MAR 31 PM 3: 36 STILÉS THIRD AVENUE, LTD. Principal Place of Business Mailing Address 300 SE 2ND STREET 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0669327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert Esposito JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable)

c/o Stiles Corporation 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 300 SE 2nd Street Zip Code 33301 City Fort Lauderdale 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, Robert Esposito Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. STREET ADDRESS 300 SE 2ND STREET CITY-ST-ZIP CITY-ST-7/P FORT LAUDERDALE, FL 33301 Q0Q121513950 03/28/08--01012--026 ***500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DOCUMENT 4** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

Terry W. Stiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 31, 2008

954-627-9300