2001	UNIFORM	BUSINESS	REPORT	(UBR
		DOCHILLO		,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER. L PARTNER PATTICIA JONES

DOCUMENT # A9700001253					FILED 01 APR 30 m				
STILES PROPERTY #3, LTD.					01 APR 30 PM 6: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac 6400 N. ANDR FORT LAUDER		Mailing Address 6400 N. ANDREWS AVENUE FORT LAUDERDALE FL 33309			HLLAHASS	EE. FLORIDA	1		
	lace of Business	3. Mailing Address							
300 SI Suite, Apt.	E 2nd Street #, etc.	300 SE 2nd Str Suite, Apt. #, etc.	eet		DO NOT WRITE II	N THIS SPACE		_	
City & Stat	e auderdale, FL	City & State Ft. Lauderdale	. FT.	4. FEI Number	65-0773119	.	Applied For Not Applicable	-	
Zip	Country	Zip C	ountry	5 Certificate of	of Status Desired		Additional	1	
33301		33301				Fee Requ	uired	4	
	6. Name and Address of Current R	egistered Agent	Name	···	Address of New Regi	stered Agent		-	
DUKE, BR	YAN W			atricia Jones		·		-	
C/O STILE	S CORPORATION		C	dress (P.O. Box Number /o Stiles Cor	poration			⇃	
6400 N. A	ndrews avenue, 5th floor		30	00 SE 2nd Str	eet]	
FORT LAU	IDERDALE FL 33309		City F	t. Lauderdale	, FL	FL Zing	301		
8. The above	named entity submits this statement for	the purpose of changing its regis				l,]	
SIGNATURE .	Signalying typed or printed name of registered agrent and	itile if applicable. (NOTi Regs.	stered Agent signatur	2/2/ e required when reinstating)	[0]	DATE			
9. Capital Co as Shown	on record.	10. Amount of Capital Co in FLORIDA to date.	\$ 30, 6°			SIDE FOR FEE INI	OF STATE ORMATION		
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS EN FITY NOT be changed on tile fo	r Musi Be R orm; an amer	dment must be filed	to change a gene	ral partner.			
12.	GENERAL PARTNER		13.		ADDRESS CHANG	ES ONLY] _	
DOCUMENT # NAME STREET ADDRESS	P96000101542 FORT LAUDERDALE INVESTMENT 6400 N. ANDREWS AVENUE	PARTNERSHIP,INC	STREET ADDRESS	300 SE 2nd	Street			2E003 (11/00)	
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indicated	certify that the information supplied with to on this report is true and accurate and the ver or trustee empowered to execute this	hat my signature shall have he s	ame legal effec	t as if made under oath;), Florida Statutes. I fur that I am a General Pa	tner certify that th irtner of the limite	ie information d partnership or		
SIGNAT	URE: SIGNATURE AND YPED OR PATTIES IN TOPPE	PRINTED NAME OF SIGNING GENER, L PAF	RTNER	2/2/	Oate	954/627-9. Daytime Phone			