ILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998

STILES PROPERTY #4, LTD.

3IGNATURE (Registered Agent Accepting Appointment)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Name of Limited Partnership

1a. DOCUMENT # A97000001771

DIVISION OF CORPORATIONS

97 DEC 22 PM 1: 01

5a. Capital Contributions as Shown on record ailing Address Principal Office Address 8/18/97 \$5,000.00 6400 NORTH ANDREWS AVE. 6400 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 3a. Date of Last Report 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address \$4,950.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0775988 🗖 Not Applicable Dity & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office DUKE, , BRYAN W., ESQ. Street Address (P.O. Box Number is Not Acceptable) 6400 N. Andrews Avenue Suite, Apl. #, etc. Fort Lauderdale, FL 33309 Zip Code Pursuant to the provisions of sections 620 1051 and 620 192, Florida, submits this statement limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620,192. Florida Statutes

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11. Name(s) of General Partner(s)

11. Name(s) of General Partner(s)

11. Okty. State & Zip Code

11. City. State & Zip Code

11. Decument Number:

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Fort Lauderdale Investment artnership, Inc.	6400 N. Andrews Avenue	Fort Lauderdale, FL 33309	P96000101542
	,	200002 -01/06 *****1	390432 7 79801014017 56.25 ****156.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2.	I do hereby certify that the information supplied with this bling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of
	Corporations from any hability of non-compliance with Segmen 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further pertify that the information indicated on
	this annual report is true and accurate and that my spriature shall have the same legal efforts as finade under part. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by hapter 620. Florida Stripte
	empowered to execute this report as required by hapter 620. Florida Sighties 1

SIGNATURE _

yped or Printed Name of General Partner Signing Form _ Terry W.

J Stiles

DATE 12/15/97

Daytime Telephone Number 954/776-9300

CR2E003 (6/97)