

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -7 AM 10:14

LC
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1. Name of Limited Partnership
ASHLEY POINT PARTNERS, LTD.

1a. DOCUMENT #
A94000000430



Mailing Address: **C/O RENTAL HOUSING PRESERVATION CORP.
121 SOUTH ESTES DRIVE, SUITE 101
CHAPEL HILL NC 27514**

Principal Office Address: **4255 BARWOOD DRIVE
ORLANDO FL 32809**

2. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

2a. Principal Office Address: Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered: **03/31/1994**

3a. Date of Last Report: **01/02/1996**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on record: **\$246,289.00**

5b. Amount of Capital Contributions in FLORIDA to date: **\$ 246,289.00**

6. FEI Number: **56-1871383** Applied For Not Applicable

7. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office: Name, Street Address, Suite, Apt. #, etc., City, State (FL), Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named 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.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
ASHLEY POINT DEVELOPMENT, IN	121 SOUTH ESTES DRIVE	CHAPEL HILL NC 27514	P94000023937

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****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *M. Joseph Flakan* DATE: *Dec 31-96*

Typed or Printed Name of General Partner Signing Form: **M. Joseph FLAKAN** Daytime Telephone Number: **919-933-1333**