

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000430**

1. Entity Name
ASHLEY POINT PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
**4255 BARWOOD DRIVE
ORLANDO FL 32809**

Mailing Address
**C/O RENTAL HOUSING PRESERVATION CORP.
121 SOUTH ESTES DRIVE, SUITE 101
CHAPEL HILL NC 27514-2868**

00 APR 18 AM 11:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **56-1871383** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$246,289.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000023937 ASHLEY POINT DEVELOPMENT, INC. 121 SOUTH ESTES DRIVE, SUITE 101 CHAPEL HILL NC 27514
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13. ADDRESS CHANGES ONLY	
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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: **4-14-00** Date Daytime Phone #

CR2E003 (9/99)