

2001 UNIFORM BUSINESS REPORT (UBR)

0020094 AB

DOCUMENT # **A94000000430**

1. Entity Name
ASHLEY POINT PARTNERS, LTD.

FILED

01 APR 30 PM 6:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 56-1871383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 #	P94000023937
NAME	ASHLEY POINT DEVELOPMENT, INC.
STREET ADDRESS	121 SOUTH ESTES DRIVE, SUITE 101
CITY-ST-ZIP	CHAPEL HILL NC 27514
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	600004213646--9
	05/11/01 01153 011
	***526.25 ***526.25
	<i>h/c</i>
	<i>5/10</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Joseph Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 26-01 (919) 933-1333
Date Daytime Phone #

CR2E003 (11/00)