

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A94000000430**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 17 PM 3:19

1. Entity Name
ASHLEY POINT PARTNERS, LTD.

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**



2. Principal Place of Business

3. Mailing Address

410 Palm Avenue

Suite, Apt. #, etc.

Suite B-4

DUE BY MAY 1, 2003

City & State

City & State

Carpinteria, CA

4. FEI Number **56-1871383**

Applied For

Not Applicable

Zip

Country

Zip

Country

93013

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature
Signature, typed or printed name of registered agent and title if applicable.

DATE

4/10/2003

9. Capital Contributions as Shown on record.

\$246,289.00

10. Amount of Capital Contributions in FLORIDA to date.

1,997,211

11. MAKE CHECK PAYABLE TO FL. 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 changed a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000023937**
NAME **ASHLEY POINT DEVELOPMENT, INC.**
STREET ADDRESS **121 SOUTH ESTES DRIVE, SUITE 101**
CITY-ST-ZIP **CHAPEL HILL NC 27514**

STREET ADDRESS **410 Palm Avenue, Ste B-4**
CITY-ST-ZIP **Carpinteria, CA 93013**

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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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #

4/10/2003

CR2E003 (10/02)