2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001838

1. Entity Name

ASHLEY FAMILY PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -8 AM 10:02

Principal Place of Business	Mailing Address
C/O MEHLICH. ROEGIERS. GOLDING & CO. 701 COLORADO AVE. STUART FL 34995-3239	POST OFFICE BOX 987 STUART FL 34995-0987

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	Zip	Country

4. FEI Number 59-3347080 ☐ Applied For ☐ Not Applicable

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
ROEGIERS, STEPHEN M 701 COLORADO AVE. STUART FL 34995-3239	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,710,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	EMMA T. ASHLEY, AS TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	27 NORTH RIVER RD.		200003391992--7
CITY-ST-ZIP	STUART FL 34994		-09/13/00--01085--004
DOCUMENT #		STREET ADDRESS	****541.25 ****541.25
NAME	PARADISE, JOSEPHINE M	CITY-ST-ZIP	
STREET ADDRESS	5 N.E. GUMBO LIMBO WAY		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME	HOUMES, MARJORIE A	CITY-ST-ZIP	
STREET ADDRESS	16 FIELDWAY DR.		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME	CLARK, JUDITH A	CITY-ST-ZIP	
STREET ADDRESS	33 FIELDWAY DR.		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (5/00)

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 REQUIRED Josephine M. Paradise 9/8/2000 (561) 287-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #