

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

F.A.C.O.
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 17 PM 12:47

DOCUMENT # A95000001838 1. Entity Name ASHLEY FAMILY PROPERTIES, LTD.	
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Principal Place of Business C/O MEHLICH, ROEGIERS, GOLDING & CO. 701 COLORADO AVE. STUART, FL 34995-3239	Mailing Address POST OFFICE BOX 987 STUART, FL 34995-0987
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3347080	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROEGIERS, STEPHEN M 701 COLORADO AVE. STUART, FL 34995-3239	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,710,000.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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	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: Josephine A. Paradise 2/13/04 772-287-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE