2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001838

1. Entity Name
ASHLEY FAMILY PROPERTIES, LLLP

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

04042006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

ROEGIERS, STEPHEN M
701 COLORADO AVE.
STUART, FL 34995-3239

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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

DOCUMENT #	
NAME	PARADISE, JOSEPHINE M TRUSTEE
STREET ADDRESS	11 RIDGELAND DR
CITY-ST-ZIP	STUART, FL 34996
DOCUMENT #	
NAME	PARADISE, JOSEPHINE M
STREET ADDRESS	11 RIDGELAND DR
CITY-ST-ZIP	STUART, FL 34996
DOCUMENT #	
NAME	HOUMES, MARJORIE A
STREET ADDRESS	16 KNOWLES ROAD
CITY-ST-ZIP	STUART, FL 34996
DOCUMENT #	
NAME	CLARK, JUDITH A
STREET ADDRESS	33 FIELDWAY DR.
CITY-ST-ZIP	STUART, FL 34996
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80023-005 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephen R. Paradise 4/5/06 772-287-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #