2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
'00 MAR 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001316

1. Entity Name
THE ASHE FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
11960 S.E. DIXIE HIGHWAY HOBE SOUND FL 33455	11960 S.E. DIXIE HIGHWAY HOBE SOUND FL 33455-5455

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 65-0769855 ☐ 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
SOPKO, JAMES ESQ. 2307 S.E. MONTEREY ROAD STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) 853 SE Monterey Commons Boulevard City Stuart FL Zip Code 34995

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 James Sopko
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. $4,900,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000047761 M.V.L.A., INC. 11960 S.E. DIXIE HIGHWAY HOBE SOUND FL 33455	STREET ADDRESS CITY-ST-ZIP	900003208459 3 -04/14/00--01006--001 ****526.25 ****526.25
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CR2E003 (9/99)

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 Martha H. Ashe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #