

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002538

1. Entity Name
THE ASHLEY LIMITED PARTNERSHIP



Principal Place of Business
2500 S.W. 87TH AVENUE
MIAMI FL 33165

Mailing Address
2500 S.W. 87TH AVENUE
MIAMI FL 33165

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2510 SW 87TH AVE

2510 SW 87TH AVE

City & State

City & State

Miami

Miami

Zip

Country

Zip

Country

FL

33165

FL

33165

DUE BY MAY 1, 2003

4. FEI Number 65-0819845

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

BOHATCH, JOHN S
2600 DOUGLAS ROAD, PH-8
CORAL GABLES FL 33134

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

DATE

9. Capital Contributions
as Shown on record.

\$6,500,009.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME SUAREZ, FELIX A
STREET ADDRESS 2440 S.W. 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

STREET ADDRESS 2510 SW 87TH AVE.

CITY-ST-ZIP Miami FL 33165

DOCUMENT #
NAME SUAREZ, PILAR
STREET ADDRESS 2440 S.W. 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

STREET ADDRESS 2510 SW 87TH AVE.

CITY-ST-ZIP Miami-FL 33165

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CITY-ST-ZIP

M-THOMAS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03 305 552-1399

CR2E003 (10/02)