


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000001492	
1. Entity Name ASBURY COMMONS, LTD.	

FILED  
2005 MAY -2 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	Mailing Address 300 SE 2ND STREET FORT LAUDERDALE, FL 33301
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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

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3724856		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, PATRICIA 300 SE 2ND STREET FORT LAUDERDALE, FL 33301		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20,264.73	10. Amount of Capital Contributions in FLORIDA to date. \$20,064.73
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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	
DOCUMENT #	P02000116222	STREET ADDRESS	
NAME	S/ASBURY COMMONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #	P02000120223	STREET ADDRESS	
NAME	HP/ASBURY COMMONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	8917 WESTERN WAY, STE. 6		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
DOCUMENT #		STREET ADDRESS	600055204776
NAME		CITY-ST-ZIP	05/24/05--01085--007 **229.77
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Patricia A. Jones 4/25/05 954-627-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE