


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001492 1. Entity Name ASBURY COMMONS, LTD.	
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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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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LP CR2E003 (12/06)

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

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

U000000719669
05/01/07-80073-012 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P02000116222
NAME	S/ASBURY COMMONS, INC.
STREET ADDRESS	300 SE 2ND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
DOCUMENT #	P02000120223
NAME	HP/ASBURY COMMONS, INC.
STREET ADDRESS	8917 WESTERN WAY, STE. 6
CITY-ST-ZIP	JACKSONVILLE, FL 32256
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Terry W. Stiles 4/10/07 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE