

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002804 AV

DOCUMENT # A02000001492

1. Entity Name
ASBURY COMMONS, LTD.



FILED
03 APR 29 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**300 SE 2ND STREET
FORT LAUDERDALE FL 33301**

Mailing Address
**300 SE 2ND STREET
FORT LAUDERDALE FL 33301**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4/29

DUE BY MAY 1, 2003

4. FEI Number
04-3724856

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, PATRICIA
300 SE 2ND STREET
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **- 0 -**

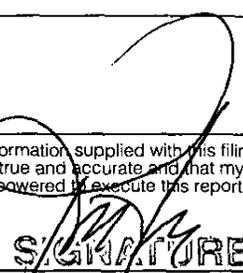
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100017323061
CITY-ST-ZIP	04/29/03--01093--005 *#141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **SIGNATURE REQUIRED**

4/24/03 954-627-9300
Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)