

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 7:25

DOCUMENT # A04000000463 1. Entity Name ASHLER INVESTMENT PARTNERSHIP, LTD.	
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Principal Place of Business 2115 EAST RANDOLPH CIRCLE TALLAHASSEE, FL 32308	Mailing Address 2115 EAST RANDOLPH CIRCLE TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 4169 DIPLOMACY CIR Suite, Apt. #, etc.	3. Mailing Address 4169 DIPLOMACY CIR Suite, Apt. #, etc.
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01252008 Chg-LP CR2E003 (12/06)

City & State TALLAHASSEE, FL Zip 32308	City & State TALLAHASSEE, FL Zip 32308
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4. FEI Number 20-0884089	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLER, PHILIP F
 2115 EAST RANDOLPH CIRCLE
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: PHILIP F. ASHLER
 Street Address (P.O. Box Number is Not Acceptable)
 4169 DIPLOMACY CIR
 City: TALLAHASSEE, FL Zip Code: 32308

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: PHILIP F. ASHLER DATE: _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ASHLER, PHILIP F TRUSTEE	STREET ADDRESS	4169 DIPLOMACY CIR
NAME	2115 EAST RANDOLPH CIRCLE	CITY-ST-ZIP	TALLAHASSEE, FL 32308
STREET ADDRESS	TALLAHASSEE, FL 32308		
CITY-ST-ZIP			
DOCUMENT #	ASHLER, ELISE D TRUSTEE	STREET ADDRESS	
NAME	2115 EAST RANDOLPH CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32308		
CITY-ST-ZIP			
DOCUMENT #	ASHLER, ELISE D TRUSTEE	STREET ADDRESS	
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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 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: Elise D. Ashler 3-5-08 850/385-7318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE