2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 DOCUMENT # A0600000552

SIGNATURE:



ASHLEY ACQUISITION, LTD.		(2007 APR 25		
Principal Place of Business % NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134 Mailing Address % NEWPORT PROPERTY 3211 PONCE DE LEON B CORAL GABLES, FL 33134			RES, LTD. ARD, SUITE 202	SECRETAR TALLAHASS		
Principal Place of Business - No P.O. Box #						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03282007 Chg-	LP (CR2E003 (12/06)
City & State	City & State	į		4. FEI Number		Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Required			
6. Name and Address of Current	Registered Agent			7. Name and Address	of New Regis	tered Agent
COURTIS CONSTANTING			Name			
SCURTIS, CONSTANTINE % NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134			Street Address (P.O. Box Number is Not Acceptable)			
		-	City			FL Zip Code
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its r	registered	d office or registere	ed agent, or both, in the S	State of Florida	
SIGNATURE	rand title if acolicable			····		DATE
FILE NO	Will FEE IS \$500.00 2007, Fee will be \$900	.00				
	THAT IS A BUSINESS ENT	TITY MU				
12. GENERAL PARTNE	R INFORMATION	13.		ADD	RESS CHANG	ES ONLY
DOCUMENT # L05000072921 NAME AHR, LLC		STREET	T ADDRESS			
STREET ADDRESS 3211 PONCE DE LEON BOULE CITY-ST-ZIP CORAL GABLES, FL 33134	VARD, SUITE 202	CITY-S	ST-ZIP		-17-1 (2-3	969 <u>4</u> 9
DOCUMENT # NAME		STREET	T ADDRESS	05/02/07-	-01052	006 **500.00
STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP			
DOCUMENT # NAME STREET ADDRESS		STREET	T ADORESS			
CITY-ST-ZIP DOCUMENT /		CITY-S	ST-ZIP			
NAME STREET ADDRESS			ADORESS			
CITY-ST-ZIP DOCUMENT #		CITY-S				
NAME STREET ADDRESS CITY ST. 7/B		CITY-S	T ADDRESS			
DOCUMENT #		-	T ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	^ /	CITY-S				
14. I hereby certify that the information supplied windicated on this report is true and accurate an or the receiver or trustee empowered to execute.	ith this filling does not qualify for	or the exe	emptions contained	d in Chapter 119, Florida	Statutes. I furt	her certify that the information