

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

201

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 MAY -1 PM 2:46

DOCUMENT # A06000000552

1. Entity Name
 ASHLEY ACQUISITION, LTD.



Principal Place of Business
 % NEWPORT PROPERTY VENTURES, LTD.
 3211 PONCE DE LEON BOULEVARD, SUITE 202
 CORAL GABLES, FL 33134

Mailing Address
 % NEWPORT PROPERTY VENTURES, LTD.
 3211 PONCE DE LEON BOULEVARD, SUITE 202
 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-LP CR2E003 (12/06)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCURTIS, CONSTANTINE
 % NEWPORT PROPERTY VENTURES, LTD.
 3211 PONCE DE LEON BOULEVARD, SUITE 202
 CORAL GABLES, FL 33134

Name
 Martini, Gregory T.

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Road, Ste 1101

City Coral Gables

FL

Zip Code 33134

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 of registered agent or authorized officer of the entity

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 # L05000072921
 NAME AHR, LLC
 STREET ADDRESS 3211 PONCE DE LEON BOULEVARD, SUITE 202
 CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

000127241750
 04/30/08--01010--022 **500.00

DOCUMENT #
 NAME
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 CITY-ST-ZIP

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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:

Constantine J. Scurtis

2/19/08

(305) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE