## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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TĂLLAHASSEE, FLORIDA **DOCUMENT # A07000000545** 1. Entity Name
ASHWORTH GARDENS, LTD. 08 APR 23 AM 11: 04: Principal Place of Business Mailing Address ONE WEST LLOYD STREET ONE WEST LLOYD STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number 390 NORTH ORANGE AVE STE 1400 ORLANDO, FL 32801 8. The above named entity submits this statement for propose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agen SIGNATURE 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L07000035100 DOCUMENT # STREET ADDRESS ASHWORTH GARDENS GP, LLC NAME STREET ADDRESS ONE WEST LLOYD STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32501 DOCUMENT # STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT ≠ STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SECRETARY OF STATE