

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 31 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A20582

ASHLEY LAKE PARK LIMITED PARTNERSHIP

48-AP-10



Mailing Address

C/O METRO IRB, INC.
520 BROAD ST.
NEWARK NJ 07102-3184

Principal Office Address

C/O METRO IRB, INC.
520 BROAD ST.
NEWARK NJ 07102-3184

3. Date Formed or Registered

08/16/1985

5a. Capital Contributions as Shown on record.

\$381,140.00

3a. Date of Last Report

01/30/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State or Country of Formation

FL

6. FEI Number

59-2580039

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

DEAS, WILLIAM J
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

600002337706--6

11704797-010510-010

****541.EL****541.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

METRO IRB, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

520 BROAD ST.

11b. City, State & Zip Code

NEWARK NJ 07102

11c. Registration/Document Number

F84000002556

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 120, Florida Statutes.

SIGNATURE

DATE **October 22, 1997**

Typed or Printed Name of General Partner Signing Form

Mark Mahony, Senior Vice President

Daytime Telephone Number

(973) 481-8856

CR2E003 (6/97)