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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **A20582** 

FILED

97 OCT 31 PM 1: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE October 22, 1997

(973) 481-8856

ASHLEY	LAKE	PARK	LIMITED	PARTNERSHIP	US.	born
					$\sim$	•

2. Malling Address  2a. Principal Office Address  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  Country  Country  City & State  Country  Applied for  Not Applied for  Search Required  Search Agent Acceptable to Dept. of State (Sear reverse side for fee Inferd  Name  Site Address (P.O. Box Number is Not Acceptable)  Site Appl. #, etc.  City  Country  Country  Search Agent Acceptable  Country  Country  Applied for  Not Applied for  Search Search  Search Agent Acceptable  Country  Search Agent Acceptable  Country  Applied for  Not Applied	Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.			
NEWARK NJ 07102-3184  2. Mailling Address  2. Principal Office Address  FL  City & State  Touritry  Touritry	•	• • • • • • • • • • • • • • • • • • • •		\$291 140 00				
2. Mailing Address  3. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  4. State or Country of Formation FL  5. FE Number  5. Suite, Apt. #, etc.  6. FE Number  5. Sp 2580039  Applied For Not Applicable 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee Information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  DEAS, WILLIAM J  2215 RIVER BOULEVARD  JACKSONVILLE FL 32204  Suite, Apt. #, etc.  City  1. Married of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fee Information)  Name  10. If changed, new Registered Agent/Office  Name  10. If changed new Registered Agent/Office  11. Name(a) of General Partner(s)  11. Name(a					कुछ्छ ।, १४७.००			
2. Mailling Address  28. Principal Office Address  Sulte, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  To Country  Zip  Country  Zip  Country  Zip  Country  To Country  To Country  To Country  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DEAS, WILLIAM J  2215 RIVER BOULEVARD  JACKSONVILLE FL 32204  Suite, Apt. #, etc.  Suite, Apt. #,	HENNIK NU OTTOE VIOT	MENANT NO OTTOESTED			5b. Amount of Capital			
Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  City & State  To Country  To Co	2. Malling Address	28. Principal Office Address	20	4. State or Country of Formation	to date:			
City & State  City & State  City & State  City & State  To Country  To Country		1	FL					
City & State  To Country  Country  Country  Country  Country  Country  Country  To Count	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	<del>*</del>	Applied For				
Superior	City & State	City & State	\	59-2580039	Not Applicable			
8. Make check payable to: Dept. of State (See reverse side for fee Information of the Information of the Provisions of Sections 620.1051 and 620.192, Florida Statutes.  By Name and Address of Current Registered Agent Office  10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City 11/04/97 11/05/407 1	7in Country	7in	Carratur	7. Certificate of Status Desired	\$8.75 Additional			
DEAS, WILLIAM J 2215 RIVER BOULEVARD JACKSONVILLE FL 32204  Suite, Apt. #, etc.  City  11/04/97	Zip Country	Ζίρ	Country	8. Make check payable to: Dept	8. Make check payable to: Dept. of State (See reverse side for fee information)			
DEAS, WILLIAM J 2215 RIVER BOULEVARD JACKSONVILLE FL 32204  Suite, Apt. W. etc.  City  11/04/97			···	40				
Street Address (P.O. Box Number Is Not Acceptable)  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City	9. Name and Address of C	Current Registered Agent	Name					
Suite, Apt. #, etc.  City  ******541.54  *******541.54  *******541.54  ********541.54  ********541.54  ***********************************			Street Addre	Constitution (D.O. Double desired Market and D.)				
City  City  1/04/37								
108. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutos, the above-named firnited partnership organized or registered under the laws of the State of Florida, submits this state 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 ENTIONATE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number	JACKSONVILLE FL 32204		Suite, Apt. #					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutos, the above-named firnited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its 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 ENTIONATIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number			City	City 11/04/97 011/64/00-01/0				
11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City. State & Zip Code  11c. Registration/ Document Number	SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ont). HAT IS A CORPORATION	, LIMITED	PARTNERSHIP OR OTH				
(DO NOT USE THE BOX NOTICE OF		Add15 0	( <b>D</b>		14 Registration/			
METRO IRB, INC. 520 BROAD ST. NEWARD NJ 07102 F94000002556	Taking(a) of Castrolary artifol(a)	(Do NO? Use Post Offi	ce Box Numbers)	11D. City, State & Zip Code	Document Number			
• •	METRO IRB, INC.	520 BROAD ST.		NEWARD NJ 07102	F9400002556			
	<b>4</b> v							
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner	`							

Corporations from any liability of non-compliance with Section 119.01(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 eath. 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 sign. Florida Statutes.

Mark Mahony, Senior Vice President Daytimo Telephone Number