LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 OCT 14 AM 10: 58



MAING Address Proposition of Address 1935 CAMINO VIDA ROBLE CARLSRAD CA 8009 2. Mailing Address 3. Date of provided or figure and section of College Address 4. State or Country of Formation FL 5. Mailing Address 5. Suite Agit #, citic City & State City & State City & State City & State 7. Control, and of State Sections and Address of Current Registered Agent 7. Control, and of State Sections and the fore sharmating and address of Current Registered Agent 1. Reharded for State Sections and the fore sharmating and address of Current Registered Agent 1. Reharded for State Sections and the fore sharmating agent and forester of hardening a registered address of Current Registered Agent 1. Reharded for State Sections and State Sections and Sectio		A22546			
Making Address Principal Office Address 188 CAMINO VIDA ROBLE 1885 CAMINO VIDA ROBLE 1895	PINEWOOD VILLAS, LTD.				*
CARLSBAD CA \$2008 CARLSBAD CA \$2008 CARLSBAD CA \$2008 3. Date of Level Report 12/15/1995 4. State or Country of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Ask a check payable to. Depried State for Residence Fee Required To, II changed, new Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 To the purpose of changing its registered discor in registered agent, or both, in the State of Foods State change was a shoulded by its general partner(s) Thereby accept the appointment of registered agent and accept the obligations of section Bril 12/ Florida States Since Apt. Florida States The Apt. Florida States There is Not Acceptable. 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) 12. Name(s) of General Partner(s) 13. Registerancy 14. State of Country of Feetings 15. CARLSBAD CA 92008 F94000006171 FB. 32.	Mailing Address	ng Address Principal Office Address			5a. Capital Contributions as Shown on record
2. Mailing Address 2a. Principal Office Address 4. State or Country of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Count				3a. Date of Last Report	
Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country A, Make check-payable to Dept of State (Store review side for fee information 9. Name and Address of Current Registered Agent To, it changed, new Registered Agent/Office CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 Suite, Apt. #, etc City FL Zip Code City	2. Mailing Address	2a. Principal Office Addres	2a. Principal Office Address		Contributions in FLORIEA to date
City & State City & State City & State Country R. Make check payable to Dept of State (See reverse side for fee information 9. Name and Address of Current Registered Agent 10. It changed, new Registered Agent/Office CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 Site Apt *. etc City FL Zip Code City FL Zip Code 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, submist his statement for the purpose of changing its registered director registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby 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) 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) 11a. (po NOT Use Feel Office Box Numbers) 11b. City State & Zip Code 11c. Registration/Document Number ASB ENTERPRISES, INC. 1935 CAMINO VIDA ROBL CARLSBAD CA 92008 F94000006171	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
Zip Country See Required See Re	City & State	City & State			
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 Suite. April #, etc City FL Zip Code 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 sufficiently as general partner(s). Thereby 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. Namie(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number. ASB ENTERPRISES, INC. 1935 CAMINO VIDA ROBL CARLSBAD CA 92008 F94000006171	Zip Country	Zip			Fee Required
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) Suite. Apt it, etc City FL Zip Code To City FL Zip Code City FL Zip Code To City	9. Name and Address o	Current Registered Agent		10. If changed, new Registere	rd Agent/Office
for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192. Florida Stratutes. 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) 11a. (Do NOT Use Post Office Box Numbers) ASB ENTERPRISES, INC. 1935 CAMINO VIDA ROBL CARLSBAD CA 92008 F94000006171	1201 HAYS ST.		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc		
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11. Name(s) of General Partner(s) ASB ENTERPRISES, INC. 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State 8 Zip Code 11c. Registration/ Document Number 11b. City. State 8 Zip Code 11c. Registration/ Document Number F94000006171	A GENERAL PARTNER T	HAT IS A CORPORATION	N, LIMITED PA	ARTNERSHIP OR OTHE	
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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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes if 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 cert fy 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 cert fy that I am a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE T

9/20/96

(619) 431-9100