

2002 UNIFORM BUSINESS REPORT (UBR)

0020437 AB

DOCUMENT # **A23155**

1. Entity Name

HAWTHORNE VILLAS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

**818 W BROOKS AVE
NORTH LAS VEGAS NV 89030**

Mailing Address

**818 W BROOKS AVE
NORTH LAS VEGAS NV 89030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2848546

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

**MAYHOOD, LYNN
9951 ATLANTIC BLVD
SUITE 440
JACKSONVILLE FL 32225**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$207,152.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **F94000006171**
NAME **ASB ENTERPRISES, INC.**
STREET ADDRESS **818 W BROOKS AVE**
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/02 (702) 313-3700

Date Daytime Phone #

CR2E003 (9/01)

Attachment
Doc # A23155

Signature Block:

Hawthorne Villas Limited,
a Florida limited partnership,

By: ASB Enterprises, Inc.,
a Delaware corporation, general partner

By: 
Allan S. Bird, President