

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

10/2

0000663 MB

DOCUMENT # A23155

1. Entity Name
HAWTHORNE VILLAS LIMITED



FILED

03 JUN 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 59-2848546

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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

000021132720
06/25/03 01040 008 ***541.25

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS

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

See Attached Signature Block

SIGNATURE:

David M. Lerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David M. Lerner

6/26/03 (702) 313-33700

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

2012

Signature Block:

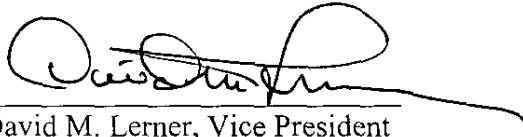
FILED

03 JUN 25 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hawthorne Villas Limited,
a Florida limited partnership,

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

By: 
David M. Lerner, Vice President