


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership INGLIS VILLAS, LTD.		1a. DOCUMENT # A26423	
Mailing Address 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008		Principal Office Address 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/17/1988		5a. Capital Contributions as Shown on record. \$30,000.00	
3a. Date of Last Report 10/14/1996		5b. Amount of Capital Contributions in FLORIDA to date: \$ 30,000 -	
4. State or Country of Formation FL		6. FEI Number 59-2898522	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number - Not Applicable) Suite, Apt. #, etc. City	
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) ASB ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1935 CAMINO VIDA ROBL	11b. City, State & Zip Code CARLSBAD CA 92008	11c. Registration/Document Number F94000006171
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 620, Florida Statutes.			
SIGNATURE <i>Patricia M. Green</i> Typed or Printed Name of General Partner Signing Form Patricia M. Green, Secretary, ASB Enterprises, Inc.		DATE 12-4-97 Daytime Telephone Number 760-431-9100	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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