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

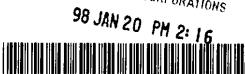
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

INGLIS VILLAS, LTD.

DOCUMENT#



		001/20	
Malling Address	Principal Office Address	3. Date Formed or Registered	58. Capital Contributions as Shown on record.
1935 CAMINO VIDA ROBLE	1935 CAMINO VIDA ROBLE	05/17/1988	\$30,000.00
CARLSBAD CA 92008	CARLSBAD CA 92008	3a. Date of Last Report	4001000100
		10/14/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address	4. State or Country of Formation	\$ 50,000 -
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2898522	Applied For
City & State	City & State		☐ Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
		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
CORPORATION SERVICE COMPANY	Name
1201 HAYS ST.	Street Address (P.O. Box Number 30000024141134 Suite Ant A etc01/28/98 -01029 -005
TALLAHASSEE FL 32301	Suite, Apt #, etc. 917 207 38 91023 903 ****103, 75 ****103, 75
	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 authorized by its general partner(s), I horeby 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. Address of Each General Partner (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		
		300002- -01/28	4141134 /9801029006		

****21Q.00 ****210.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filling is voluntarily furnished end 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

his report as required by chapter 620. Florida Statutes