

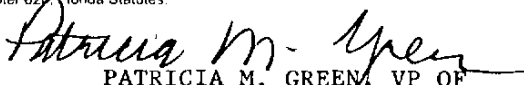


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>99 MAR 18 PM 12: 53</b> 	
<b>1. Name of Limited Partnership</b>  <b>INGLIS VILLAS, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A26423</b>			
<b>Mailing Address</b> 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008		<b>Principal Office Address</b> 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008		<b>3. Date Formed or Registered</b> 05/17/1988 <b>3a. Date of Last Report</b> 01/20/1998 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 818 W. BROOKS AVE. Suite, Apt. #, etc.		<b>2a. Principal Office Address</b> 818 W. BROOKS AVE. Suite, Apt. #, etc.		<b>5a. Capital Contributions as Shown on record</b> \$30,000.00 <b>5b. Amount of Capital Contributions in FLORIDA to date</b> 30,000	
<b>City &amp; State</b> NORTH LAS VEGAS, NV <b>Zip</b> 89030 <b>Country</b> USA		<b>City &amp; State</b> NORTH LAS VEGAS, NV <b>Zip</b> 89030 <b>Country</b> USA		<b>6. FEI Number</b> 59-2898522 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to:</b> Dept. of State (See reverse side for fee information)	
<b>9. Name and Address of Current Registered Agent</b> SCHAEFFER, NEIL 28779 WILD COFFEE COURT BONITA SPRINGS FL 34135				<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
<b>10a.</b> 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b> ASB ENTERPRISES, INC.		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <del>1935 CAMINO VIDA ROBLE</del> 818 W. BROOKS AVE.		<b>11b. City, State &amp; Zip Code</b> <del>CARLSBAD CA 92008</del> NORTH LAS VEGAS, NV 89030	
<b>11c. Registration/Document Number</b> F94000006171		200002819022--9 -03/25/89--01110--009 ***298.75 ***298.75 3-24-99			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>12.</b> 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.					
<b>SIGNATURE</b>  PATRICIA M. GREEN, VP OF ASB ENTERPRISES, INC., GP		<b>DATE</b> 3-12-99 <b>Daytime Telephone Number</b> 760-839-7908			

CR2E003 (1/2/98)