

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -8 PM 1:35

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A27927

MAQ/ASHLEY RIVER ASSOCIATES, LIMITED PARTNERSHIP



Mailing Address
**5655 NORTHSIDE DRIVE, N.W., SUITE 370
ATLANTA GA 30328**

Principal Office Address
**5655 NORTHSIDE DRIVE, N.W., SUITE 370
ATLANTA GA 30328**

3. Date Formed or Registered
02/16/1989

5a. Capital Contributions as
Shown on record
\$0.00

3a. Date of Last Report
10/31/1995

4. State or Country of Formation
GA

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address
100 Jericho Quadrangle

2a. Principal Office Address
100 Jericho Quadrangle

Suite, Apt. #, etc.
Suite 214

Suite, Apt. #, etc.
Suite 214

City & State
Jericho, New York

City & State
Jericho, New York

Zip
11753

Zip
11753

6. FEI Number
65-0088578

☐ Applied For
☐ Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
Suite, Apt. #, etc.

City
Tallahasee Zip Code
FL 32301

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.

By: **NRAI Services, Inc.**
Bernadette A. Brady, Asst. Secy. DATE **10/2/96**

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

**QUELER, ARTHUR N
ASHNER, MICHAEL L**

**5665 NORTHSIDE DRIVE,
100 JERICHO QUADRANGLE**

**ATLANTA GA 30328
JERICHO NY 11753**

11/01/1995
10/15/95-01208-000
***191.25 ***191.25

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 690, Florida Statutes.

SIGNATURE

DATE **9-25-96**

Typed or Printed Name of General Partner Signing Form

General Partner

Daytime Telephone Number **516-822-0022**

C92E003 (6/96)