

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001838

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** ASHLEY FAMILY PROPERTIES, LLLP

**Current Principal Place of Business:**

C/O MEHLICH, ROEGIERS, GOLDING & CO.  
701 COLORADO AVE.  
STUART, FL 349953239

**New Principal Place of Business:**

C/O MEHLICH, ROEGIERS, GOLDING & CO.  
701 COLORADO AVE.  
STUART, FL 349953239 US

**Current Mailing Address:**

POST OFFICE BOX 987  
STUART, FL 349950987

**New Mailing Address:**

POST OFFICE BOX 987  
STUART, FL 349950987 US

**FEI Number:** 59-3347080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROEGIERS, STEPHEN M  
701 COLORADO AVE.  
STUART, FL 349953239 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PARADISE, JOSEPHINE M TRUSTEE

Address: 11 RIDGELAND DR

City-St-Zip: STUART, FL 34996

Document #:

Name: PARADISE, JOSEPHINE M

Address: 11 RIDGELAND DR

City-St-Zip: STUART, FL 34996

Document #:

Name: HOUMES, MARJORIE A

Address: 16 KNOWLES ROAD

City-St-Zip: STUART, FL 34996

Document #:

Name: CLARK, JUDITH A

Address: 33 FIELDWAY DR.

City-St-Zip: STUART, FL 34996

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip: STUART, FL 34996 US

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOSEPHINE A. PARADISE

GP

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date