

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000000911

1. Entity Name  
ASHTON-PALMETTO PALMS, LTD



FILED

2005 APR 26 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
701 PENNSYLVANIA AVENUE, N.W.  
SUITE 1121  
WASHINGTON, DC 20004

Mailing Address  
3493 NW 167TH ST.  
MIAMI, FL 33056



2. Principal Place of Business  
3493 NW 167 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04052005 Chg-LP CR2E003 (10/03)

City & State  
MIAMI FLA.  
Zip 33056 Country USA

City & State  
Zip Country

4. FEI Number  
65-0664824  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISZ, MICHAEL O ESQ.  
9350 S DIXIE HWY  
SUITE 1500  
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$356,400.00

10. Amount of Capital Contributions  
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000039464  
NAME ASHTON-PALMETTO PALMS, INC.  
STREET ADDRESS 3493 NW 167TH ST  
CITY-ST-ZIP MIAMI, FL 33056

DOCUMENT # Ashton (Fla.) Management, Inc.  
NAME Amendment filed 4-26-05  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
700052145347  
04/26/05--01061--009 \*\*\$78.75

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

\$526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/05 (25) 624-2999

Date

Daytime Phone #

STAPLE CHECK HERE