


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001160 1. Entity Name GAINESVILLE ENTERTAINMENT PROPERTY LIMITED PARTNERSHIP					
Principal Place of Business 32111 MULHOLLAND HWY. MALIBU, CA 90265			Mailing Address 32111 MULHOLLAND HWY. MALIBU, CA 90265		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2252807	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAGGITT, JOHN R 300 TURNER STREET CLEARWATER, FL 33736				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$361,350.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000000465		STREET ADDRESS		
NAME	ASHLEY AVIATION, INC.		CITY- ST- ZIP		
STREET ADDRESS	32111 MULHOLLAND HWY.		STREET ADDRESS		
CITY- ST- ZIP	MALIBU, CA 90265		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNED GENERAL PARTNER
Ronald H. Semler

5/20/04
Date

818-889-0003
Daytime Phone #



01092004 Chg-LP CR2E003 (10/03)

\$8.75 Additional Fee Required

FL Zip Code

U000000162687
 06/03/04-80007-024 526.25