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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



ASHLEY PLANTATION LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

1a. DOCUMENT # **A9600001519**

SLORETAL Y OF STATE TOVERDA OF CERPORATIONS

0777027 AM 0:19

DATE : ///1/96
Daytime Telephone Number (401) 333 - 0066



Principal Office Address 50 INTERNATIONAL PARKWAY, SUITE 220 EATHROW FL 32746 Principal Office Address 250 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746		E 220	3. Date Formed or Registered 08/14/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$5,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation		
			_ FL		
Suite, Apt. #, etc.	Suite, Apt #, etc.		6. FEI Number	Applied For Not Applicable	
City & State	City & State		7		
Zip Country	Zip Country		7. Certilicate of Status Desired 8. Make check payable to Dept. o	\$8.75 Additional Fee Required of State (See reverse's de for for information)	
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
agent Fam familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT	Oil 620 192, Florida Statutes, the above named limit registered agent, or both, in the State of Florida Sins of section 620 192, Florida Statutes	ed partnership org unch change was ar	uthorwed by its general partner(s). There DATE TNERSHIP OR OTHE	eby accept the	appointment of registerca
11. Name(s) of General Partner(s)	Address of Each General Partr (Do NOT Use Post Office Box Nur	ner mbers) 11b.	City, State & Zip Code	11c.	Registration/ Decarr ent Number
ASHLEY PLANTATION DEVELOPMEN	250 INTERNATIONAL PAR	, H	City, State & Zip Code EATHROW_E -32746-1-2 -12727 *****5	03 9 (79601 76.25	609065130 —::3 0777003 ****\$76.25
Note: General partners MAY NO	The changed on this form: as	n amendm	ant must be filed to she	ange o ~	onoral nectoes
12. I do hereby certify that the information supplied with					

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 trusted empowered to execute this report as required by chapter 624. Florida Systate