

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 27 PM 4:13



1. Name of Limited Partnership

**1a. DOCUMENT #
B96000000131**

IG ASHFORD REGENCY PARTNERS, LIMITED PARTNERSHIP

Mailing Address

**1226 COMMERCE STREET, SUITE 300
DALLAS TX 75202-4328**

Principal Office Address

**1226 COMMERCE STREET, SUITE 300
DALLAS TX 75202-4328**

3. Date Formed or Registered

04/19/1996

**5a. Capital Contributions as
Shown on record.**

\$990.00

3a. Date of Last Report

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

\$990.00

4. State or Country of Formation

NV

6. FEI Number

13-3801027

☐ 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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

800002048348--5

City

01/07/97-01100-016

******191.25L****191.25**

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.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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)

IG CAPITAL III ASSOCIATES, I

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

1226 COMMERCE STREET,

11b. City, State & Zip Code

DALLAS TX 75202

**11c. Registration/
Document Number**

P96000015243

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 620, Florida Statutes.

SIGNATURE

John A. Doyle

DATE

12/26/96

Typed or Printed Name of General Partner Signing Form

John A. Doyle

Daytime Telephone Number

214-741-9870

CR2E003 (6/96)