2003 LIMITED PARTNERSHIP

141.25 **UNIFORM BUSINESS REPORT (UBR)** B96000000131 DOCUMENT # MAY -8 AM 9 21 IG ASHFORD REGENCY PARTNERS, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1800 VALLEY VIEW LANE 1900 VALLEY VIEW LANE DALLAS TX 75234 DALLAS, TX 75234 2. Principal Place of Business 3. Mailing Address 1700 ABBM 5110 Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 13-3801027 Applied For CHAPLO TTO Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MOCKUH BURG Fee Required 28209 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$990.00 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13, DOCUMENT # F98000002297 STREET ADDRESS ART FLORIDA PARTERS I. INC. 1800 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP DOCUMENT # F21524 STREET ADDRESS NAME INVESTORS GENERAL, INC. STREET ADDRESS 1226 COMMERCE STREET, SUITE 300 CITY-ST-ZIP <u>400018446184</u> 05/07/03--01026--009 **193.75 CITY-ST-ZIP DALLAS, TX 75202-4328 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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 effect this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-ZIP

SIAFLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)