

B9900000392

Requestor Name
P.O. Box 10662
Address
Tally 32302 668 4318
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ASHLEY GABLES PARTNERS Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Service

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT 27 AM 10:24

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-10/27/99--01030--001
***1793.75 ***1793.75

900003025899--1
-10/27/99--01084--009
*****78.75

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Ashley Gables Partners Limited Partnership
(Name of limited partnership as it is in the home state)

2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. October 25, 1999
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 E. Park Avenue
(Street Address of Registered Office)

Tallahassee Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

See attached affidavit
(Agent must sign on this line)

8. 9 East Loockerman Street
Dover, Delaware 19901
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Ashley Gables G.P., Inc.</u>	<u>8144 Walnut Hill Lane, Suite 550, LB 6</u> <u>Dallas, Texas 75231</u>

F99000005524

10. 8144 Walnut Hill Lane, Suite 550, LB 6, Dallas, Texas 75231
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. 8144 Walnut Hill Lane, Suite 550, LB 6

Dallas, Texas 75231

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 26th day of October, 19 99

ASHLEY GABLES G.P., INC., a Texas corporation, General Partner

By: X

General Partner
Gregory A. Cason, Vice President

STATE OF TEXAS

COUNTY OF -DALLAS

On this 26th day of October, 19 99

Gregory A. Cason personally appeared before me, in his capacity as Vice-President of Ashley Gables G.P., Inc., a Texas corporation,

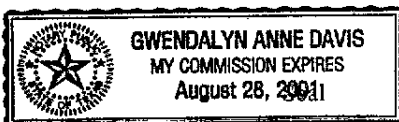
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Gwendalyn Anne Davis
(Notary Public Signature)

Gwendalyn Anne Davis

(Notary's Printed Name)



My Commission Expires: 08/28/2001

FILED
CLERK OF DISTRICT COURT
99 OCT 27 PM 1:05
STATE OF TEXAS

Having been named as registered agent and to accept service of process for ASLHEX
GABLES PARTNERS LIMITED PARTNERSHIP at the place designated in the
application, NRAI Services, Inc. accepts the appointment as registered agent and agrees
to act in that capacity. NRAI Services, Inc. further agrees to comply with the
provisions of all statutes relative to the proper and complete performance of the duties
of a registered agent and accepts the obligations of the position as registered agent.



Registered Agent's Signature

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DIVISION OF CORPORATIONS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Gregory A. Cason, Vice President of Ashley Gables G.P., Inc., a Texas corporation,
the ~~general~~ partner of Ashley Gables Partners Limited Partnership, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 3,603,130.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,603,130.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 26th day of October, 19 99

ASHLEY GABLES G.P., INC., a Texas corporation, General Partner

By: X 

Gregory A. Cason, Vice President

STATE OF TEXAS

COUNTY OF DALLAS

On this 26th day of October, 19 99,

Gregory A. Cason personally appeared before me, in his capacity as Vice President of Ashley Gables G.P., Inc., a Texas corporation,

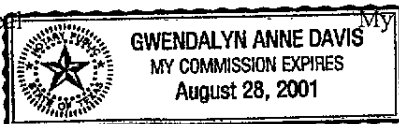
☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Gwendalyn Anne Davis
(Notary's Printed Name)

Set _____ My Commission Expires: 08/28/2001



FILED
CLERK OF DISTRICT COURT
NINTH JUDICIAL DISTRICT
DALLAS, TEXAS
OCT 27 PM 1:05