

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000392

1. Entity Name

ASHLEY GABLES PARTNERS LIMITED PARTNERSHIP

Principal Place of Business

3890 W. NORTHWEST HIGHWAY SUITE 700
DALLAS TX 75220

Mailing Address

3890 W. NORTHWEST HIGHWAY SUITE 700
DALLAS TX 75220

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 75-2843807

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,603,130.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F99000005524
NAME ASHLEY GABLES G.P., INC.
STREET ADDRESS 8144 WALNUT HILL LANE, SUITE 550, LB 6
CITY-ST-ZIP DALLAS TX 75231

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3890 W. Northwest Hwy # 700
CITY-ST-ZIP Dallas, Texas 75220

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800007309548-3
-08/23/02--01042--006
****935.00 ****935.00

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CITY-ST-ZIP

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

7-15-02

214-739-8141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Printing Phone

0002311 AB

CR2E003 (4/02)

STAPLE CHECK HERE

FILED

02 AUG 19 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

