


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000005524</b> 1. Entity Name <b>ASHLEY GABLES G.P., INC.</b>	
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Principal Place of Business <b>3890 W. NORTHWEST HWY. SUITE 700 DALLAS, TX 75220</b>	Mailing Address <b>3890 W. NORTHWEST HWY. SUITE 700 DALLAS, TX 75220</b>
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2843805</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303**

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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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000158957 05/10/04-80010-008 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UTLEY, STEVEN R 3890 W. NORTHWEST HWY, #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASON, GREGORY A 3890 W. NORTHWEST HWY, #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARRIS, C. CHRISTOPHER 3890 W. NORTHWEST, #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, C. CHRISTOPHER 3890 W. NORTHWEST HWY, #700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Person 5/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #