2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06774

1. Entity Name

AMOENA REALTY, LTD.

FILED

00 MAR 16 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
CONTINENTAL PROPERTY SERVICES. INC. 444 SEABREEZE BOULEVARD SUITE 600 DAYTONA BEACH FL 32118-3951	CONTINENTAL PROPERTY SERVICES. INC. 444 SEABREEZE BOULEVARD SUITE 600 DAYTONA BEACH FL 32118-3951

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1908990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONTINENTAL PROPERTY SERVICES, INC.
~~230 N. BEACH STREET~~
~~3RD FLOOR~~
DAYTONA BEACH, FL FL ~~32114~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd. Ste 600

City Daytona Beach FL Zip Code 32118

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$8,631.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	444 Seabreeze Blvd. Ste 600
NAME	GARDEY, ROLF	CITY-ST-ZIP	Daytona Beach FL 32118
STREET ADDRESS	~~230 NORTH BEACH ST., 3RD FL~~		
CITY-ST-ZIP	DAYTONA BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	700003184027--8
NAME		CITY-ST-ZIP	-03/24/00--01122--011
STREET ADDRESS			****149.16 ****149.16
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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 3/13/00 9042287400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #