2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -2 AM 11:06
SECRETARY OF STATE TALLAHASSEE, FLORIDA

001630 AF

DOCUMENT # A06774

1. Entity Name

AMOENA REALTY, LTD.

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

DO NOT WRITE IN THIS SPACE

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.
444 SEABREEZE BLVD., SUITE 600
DAYTONA BEACH FL 32118

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.

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. $8,631.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GARDEY, ROLF		
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 600	CITY-ST-ZIP	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	300004287413--8 -05/22/01--01069--023 ****157.92 ****157.92
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CR2E003 (11/00)

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 24 April 01 386-238-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ROLF GARDEY Date Daytime Phone #