

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 22 AM 8:35

1. Name of Limited Partnership

1a. DOCUMENT #  
**A15783**

**AMI LIMITED PARTNERSHIP**



Mailing Address

P. O. BOX 12103  
1122 LADY STREET #955  
COLUMBIA SC 29211

Principal Office Address

P. O. BOX 12103  
1122 LADY STREET #955  
COLUMBIA SC 29211

3. Date Formed or Registered

11/29/1983

5a. Capital Contributions as Shown on record.

**\$375,000.00**

3a. Date of Last Report

12/05/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

SC

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

13-3189652

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**SCHNEIDER, ROBERT A.**  
**% LANDMARK INN**  
**6891 PENSACOLA BLVD.**  
**PENSACOLA FL 32505**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**SCHNEIDER, ROBERT A.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**1122 LADY ST., 955**

11b. City, State & Zip Code

**COLUMBIA SC**

11c. Registration/Document Number

700002390077--5  
-01/05/98--01115--018  
\*\*\*\*541.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Robert Schneider*

DATE

12/16/97

Typed or Printed Name of General Partner Signing Form

**ROBERT SCHNEIDER**

Daytime Telephone Number

803-779-4292

CR2E003 (6/97)