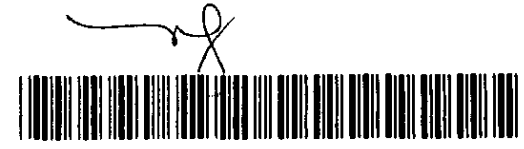


# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A15783</b> 1. Entity Name <p style="margin-left: 20px;"><b>AMI LIMITED PARTNERSHIP</b></p>	
Principal Place of Business P. O. BOX 12103 1122 LADY STREET #955 COLUMBIA SC 29211	Mailing Address P. O. BOX 12103 1122 LADY STREET #955 COLUMBIA SC 29211-2103
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 APR 21 AM 3:05



City & State	City & State	4. FEI Number <b>13-3189652</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SCHNEIDER, ROBERT A. % LANDMARK INN 6891 PENSACOLA BLVD. PENSACOLA FL 32505	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <u>Freeport</u> 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 Robert A. Schneider DATE 4/7/00  
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. <b>\$375,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK/PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**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 #	SCHNEIDER, ROBERT A.	STREET ADDRESS	<b>200003251502--3</b>
NAME	1122 LADY ST., 955	CITY - ST - ZIP	<b>-05/12/00--01140--013</b>
STREET ADDRESS	COLUMBIA SC	CITY - ST - ZIP	<b>****526.25 ****526.25</b>
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: Robert A. Schneider DATE 4/7/00 Daytime Phone # (803) 779-4292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER