

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

Fr 26.25

**FILED
Apr 21, 2004 08:00 AM
Secretary of State**

DOCUMENT # A15783
1. Entity Name
AMI LIMITED PARTNERSHIP



Principal Place of Business
P. O. BOX 12103
1122 LADY STREET #830
COLUMBIA SC 29211

Mailing Address
P. O. BOX 12103
1122 LADY STREET #830
COLUMBIA SC 29211

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

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **13-3189652** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHNEIDER, ROBERT A.
% LANDMARK INN
6891 PENSACOLA BLVD.
PENSACOLA FL 32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$375,000.00**

10. Amount of Capital Contributions in FLORIDA to date

11. **MAKE CHECK PAYABLE TO FL. 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 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	
NAME	1122 LADY STREET, #830	CITY-ST-ZIP	
STREET ADDRESS	COLUMBIA SC 29211		
CITY-ST-ZIP		STREET ADDRESS	UN00000136331
		CITY-ST-ZIP	04/29/04-80009-016 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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* **4/1/04** **803 779-4292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #