

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 A.M
Secretary of State

DOCUMENT # *A 01000001210*

1. Entity Name
A. M. G. H. Partners, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4436 Ortega Forest Drive

3. Mailing Address
4436 Ortega Forest Drive

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
City & State
Jacksonville, FL
Zip
32210 Country
USA

Suite, Apt. #, etc.
City & State
Jacksonville, FL
Zip
32210 Country
USA

DUE BY MAY 1

4. FEI Number
59-3690323 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ann Bauld Newton
Street Address (P.O. Box Number is Not Acceptable)
4436 Ortega Forest Drive
City
Jacksonville FL Zip Code
32210

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
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. *\$400,000*

10. Amount of Capital Contributions
in FLORIDA to date. *\$400,000*

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

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
Ann Bauld Newton
4436 Ortega Forest Drive
Jacksonville, Florida 32210

STREET ADDRESS
CITY - ST - ZIP
000005600490--6
-05/23/02--01069--024
****526.25 ***526.25*

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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:

Ann Bauld Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02

Date

904-388-8692

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE