


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001210		
1. Entity Name A.M.G.H. PARTNERS, LTD.		

Principal Place of Business 4436 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210	Mailing Address 211 PEACHTREE BATTLE AVENUE ATLANTA, GA 30305
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3690323	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEWTON, ANN BAULD 4436 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
STREET ADDRESS	NEWTON, ANN BAULD	CITY-ST-ZIP	
CITY-ST-ZIP	211 PEACHTREE BATTLE AVENUE ATLANTA, GA 30305		
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CITY-ST-ZIP			

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04/27/04-80002-020 525.25

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: <u>Ann B. Newton</u> ANN B. NEWTON 4/12/04	404-351-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE