2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15783

1. Entity Name

AMI LIMITED PARTNERSHIP

001915A AB

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

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**
City & State	City & State	**4.** FEI Number 13-3189652 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SCHNEIDER, ROBERT A.	Name
% LANDMARK INN	Street Address (P.O. Box Number is Not Acceptable)
6891 PENSACOLA BLVD.	
PENSACOLA FL 32505	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.

SIGNATURE _____

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

9. Capital Contributions as Shown on record. **$375,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**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	**13.** ADDRESS CHANGES ONLY
DOCUMENT # / NAME SCHNEIDER, ROBERT A. / STREET ADDRESS 1122 LADY STREET, #830 / CITY-ST-ZIP COLUMBIA SC 29211	STREET ADDRESS / CITY-ST-ZIP
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CR2E003 (9/01)

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: _SIGNATURE REQUIRED_   3/20/0?   (803) 779-449?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #