


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

526.25

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

DOCUMENT # A15783 1. Entity Name AMI LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business Suite, Apt #, etc City & State Zip Country	3. Mailing Address Suite, Apt #, etc City & State Zip Country
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MOORE CR2E003 (11/03)

4. FEI Number 13-3189652	Applied For <input type="checkbox"/> 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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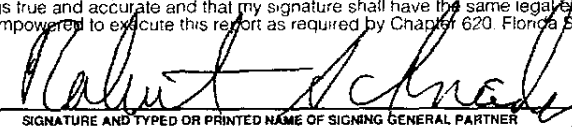
9. Capital Contributions as Shown on record \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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	1122 LADY STREET, #830	CITY - ST - ZIP	
CITY - ST - ZIP	COLUMBIA SC 29211		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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04/29/04-80009-016 526.25

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

STAPLE CHECK HERE