

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

JAN 04 2003

0018360 MB

DOCUMENT # A15783

1. Entity Name  
AMI LIMITED PARTNERSHIP



FILED  
03 APR 30 AM 11:01  
529  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

SCHNEIDER, ROBERT A.  
% LANDMARK INN  
6891 PENSACOLA BLVD.  
PENSACOLA FL 32505

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

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 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SCHNEIDER, ROBERT A.  
1122 LADY STREET, #830  
COLUMBIA SC 29211

STREET ADDRESS  
CITY-ST-ZIP  
000017604040  
04/30/03--01088--018 \*\*526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/03 (803) 779-4292  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE