

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23747

1. Entity Name
AMBERGATE APARTMENTS, LTD.

FILED

00 JAN 27 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
801 UNO LAGO DRIVE
JUNO BEACH FL 33408

Mailing Address
801 UNO LAGO DRIVE
JUNO BEACH FL 33408-2680

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0319568**

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
TAYLOR, WILLIAM E
801 UNO LAGO DR.
JUNO BEACH FL 33408

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$910.00**

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	
DOCUMENT #	S42422
NAME	AMBERGATE, INC.
STREET ADDRESS	125 LAKEVIEW DR.
CITY - ST - ZIP	MORGANTOWN WV
DOCUMENT #	S42421
NAME	NINE KINGS, INC.
STREET ADDRESS	125 LAKEVIEW DR.
CITY - ST - ZIP	MORGANTOWN WV
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000003118490--
	--02/01/200--01073--007
CITY - ST - ZIP	***141.25 ***141.2
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Raymond E. Graziotto* SIGNATURE REQUIRED
Date: 1/18/2000 Daytime Phone #: 861-625-9443

CR2ED03 (9/99)