

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A26814**  
 1. Entity Name  
**AMNED ENTERPRISES LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 APR 28 AM 3:05

Principal Place of Business      Mailing Address  
**8221 OLD COURTHOUSE ROAD, SUITE 204**      **8221 OLD COURTHOUSE ROAD, SUITE 204**  
**VIENNA VA 22182**      **VIENNA VA 22182-3839**  
**US**      **US**

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**52-2908326**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GROUP IV PROPERTIES, INC.**  
**6900 SOUTHPPOINT DR. N.**  
**SUITE 250**  
**JACKSONVILLE FL 32216**

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.      **\$5,783,230.60**      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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P10713</b> <b>SLOKKER AMERICA, INC.</b> <b>8221 OLD COURTHOUSE ROAD, SUITE 204</b> <b>VIENNA CA 22182</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PRENTICE, BRYANT H., III</b> <b>8221 OLD COURTHOUSE ROAD, SUITE 204</b> <b>VIENNA VA</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>HUTCHINSON, MARCUS C.</b> <b>8221 OLD COURTHOUSE ROAD, STE. 204</b> <b>VIENNA VA</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	<b>800003268928--5</b> <b>-05/26/00--01093--012</b> <b>****526.25 ****526.25</b>
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: *[Handwritten Signature]* **MARCUS C. HUTCHINSON**, A GENERAL PARTNER      4/24/00      (703) 506-1006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)