763,506.1006 Daytime Phone #

2001 UNIFORM BUSINESS REP()RT (U

DOCU	MENT # A2681	4							858 AF
AMNED ENTERPRISES LIMITED PARTNERSHIP					FILE				71
Principal Place of Business Mailing Address				.0	APR 30	PM 12: 24			
8221 OLD COURTHOUSE ROAD. SUITE 204 VIENNA VA 22182 US 8221 OLD COURTHOUSE RO VIENNA VA 22182 US		ROAD. S	SUITE 204	SECRETARY ALLAHASSE	OF STATE E. FLORIDA	1 0 11 5 3041 01 1	iii B abai bidi k bab ai 4 80		
Principal Place of Business 3. Mailing Address			-						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	52-2908326		Applied For Not Applicab	ole
Zip Country Zip		Zip	Country		5. Certificate of	of Status Desired		75 Additional Required	7
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Registe	red Agen	ıt	コ
CDOLID IV	DDODEDTIES INC			Name					
Group IV properties, Inc. 6900 Southpoint Dr. N.				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 250							•		\neg
JACKSONVILLE FL 32216				City Zip Code					┪.
8. The above	e named entity submits this statement for statement statement for signature, typed or printed name of registered agent a			ed office or register			ATE		
9. Capital Co as Shown		10. Amount of Capi	al Contril			11. MAKE CHECK PAY SEE REVERSE SID			7 .
	A GENERAL PARTNER T							**** (\dashv
12.	NOTE: General Partners MA' GENERAL PARTNER		13.	i, an amenomen	it must be med	ADDRESS CHANGES		· · · · · · · · · · · · · · · · · · ·	-
	P10713 SLOKKER AMERICA, INC. 8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA CA 22182			ET ADDRESS					(8)
NAME STHEET ADDRESS CITY-ST-ZIP				-ST-ZIP					ZE003 (11/00)
DOCUMENT / NAME	PRENTICE, BRYANT H., III			EET ADDRESS					- R
STREET ADDRESS	RESS 8221 OLD COURTHOUSE ROAD, SUITE 204			-ST-ZIP					7
DOCUMENT # NAME	HUTCHINSON, MARCUS C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STRE	ET ADDRESS	41	0000421 -05/16/01			
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP] .
14. I hereby of indicated the receive	ertify that the information supplied with to on this report is true and accurate and the er or trustee empowered to execute this	his filing does not qualify for nat my signature shall have	the exer	mption stated in Se legal effect as if m	ction 119.07(3)(i), ade under oath; tl	Florida Statutes. I furthe hat I am a General Partne	r certify the er of the lin	at the information nited partnership o	or