

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019102 MB

**DOCUMENT # A26814**

1. Entity Name  
**AMNED ENTERPRISES LIMITED PARTNERSHIP**



**FILED**  
03 MAY -6 PM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182 US	Mailing Address 8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

**GROUP IV PROPERTIES, INC.**  
6900 SOUTHPOINT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$5,783,230.60</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	<b>P10713</b>
NAME	<b>SLOKKER AMERICA, INC.</b>
STREET ADDRESS	<b>8221 OLD COURTHOUSE ROAD, SUITE 204</b>
CITY-ST-ZIP	<b>VIENNA CA 22182</b>
DOCUMENT #	
NAME	<b>PRENTICE, BRYANT H., III</b>
STREET ADDRESS	<b>8221 OLD COURTHOUSE ROAD, SUITE 204</b>
CITY-ST-ZIP	<b>VIENNA VA</b>
DOCUMENT #	
NAME	<b>HUTCHINSON, MARCUS C.</b>
STREET ADDRESS	<b>8221 OLD COURTHOUSE ROAD, STE. 204</b>
CITY-ST-ZIP	<b>VIENNA VA</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>300018298833</b> 05/06/03--01080--013 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	<b>300018298833</b> 05/06/03--01080--013 ***526.25
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:** Marcus C. Hutchinson **REQUIRED** 4/28/03 703.506.1006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE