

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 11 PM 3:45



012/13

1. Name of Limited Partnership  
1a. DOCUMENT #  
A31393

THE AMBERTON LIMITED PARTNERSHIP

Mailing Address  
P.O. BOX 578  
KITCHENER, ONTARIO N2G 4A2  
CANADA

Principal Office Address  
2981 CIELO CIRCLE SOUTH  
CLEARWATER FL 34619

3. Date Formed or Registered  
04/05/1991

5a. Capital Contributions as  
Shown on record.  
\$880,000.00

3a. Date of Last Report  
12/04/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation  
OC

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
NOT APPLICABLE

☐ Applied For  
☒ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

RICHARDS, GILKEY, FITE, SLAUGHTER, ET AL  
RICHARDS BUILDING  
1253 PARK STREET  
CLEARWATER FL 34616

601788

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

723014 ONTARIO LIMITED

22 FREDERICK STREET

KITCHENER, ONT., CANA

F94000004407

200002030532--0  
-12/17/96--01056--021  
\*\*\*585.00 \*\*\*585.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *per Harold Freure*  
Typed or Printed Name of General Partner Signing Form HAROLD FREURE

DATE November 27, 1996  
Daytime Telephone Number (519) 578-7771

CR2E003 (6/96)