

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001629

1. Entity Name
AMELIA TRACE ACLF, LTD.



Principal Place of Business
1900 AMELIA TRACE CT
200
FERNANDINA BEACH, FL 32034

Mailing Address
1900 AMELIA TRACE CT
200
FERNANDINA BEACH, FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3375280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELL, STEVEN W
1900 AMELIA TRACE CT
200
FERNANDINA BEACH, FL 32034

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 500,000.00

437⁹ + 88⁷⁵ = 526²⁵

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000066826
NAME ACTIVE CARE, INC.
STREET ADDRESS 1900 AMELIA TRACE CT
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

STREET ADDRESS 1900 AMELIA TRACE CT SUITE 200
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEVEN W SELL
DIRECTOR OF GP

Date

Daytime Phone #

904
321909

STAPLE CHECK HERE