

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

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.

04272005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3375280

Applied For
 Not Applicable

Zip

Country

Zip

Country

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**

526.25

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, STE. 200**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

STREET ADDRESS
1900000363738
 CITY-ST-ZIP
05/06/05-80011-008 526.25

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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)(f), 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:

Steven W. Sell

Steven W. Sell
 Director of CLGP

4/29/05

904-321-1909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE