

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000965**

1. Entity Name  
**AMERICAN FAMILY HOUSING, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05



Principal Place of Business  
C/O JOHN W. SHEA  
218 BEACH BOULEVARD, SUITE 9  
JACKSONVILLE BEACH FL 32250

Mailing Address  
C/O JOHN W. SHEA  
218 BEACH BOULEVARD, SUITE 9  
JACKSONVILLE BEACH FL 32250-6846

2. Principal Place of Business  
C/O JOHN W. SHEA  
Suite, Apt. #, etc.  
**475 COMMERCE LAKE DRIVE**

3. Mailing Address  
C/O JOHN W. SHEA  
Suite, Apt. #, etc.  
**475 COMMERCE LAKE DRIVE**

City & State  
**ST. AUGUSTINE, FL.**

City & State  
**ST. AUGUSTINE, FL.**

Zip  
**32095**

Country  
**USA**

4. FEI Number **59-3380802**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHEA, JOHN W**  
**218 BEACH BLVD SUITE 9**  
**JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent  
Name  
**SHEA, JOHN W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**475 COMMERCE LAKE DRIVE**  
City  
**ST. AUGUSTINE** FL Zip Code  
**32095**

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.

SIGNATURE *John W. Shea, General Partner* DATE 4/19/00  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	SHEA, JOHN W 218 BEACH BLVD., SUITE 9 JACKSONVILLE BEACH FL 32250	STREET ADDRESS	475 COMMERCE LAKE DRIVE
NAME		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *John W. Shea* DATE 4/13/00 DAYTIME PHONE # (904) 940-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER