

2002 UNIFORM BUSINESS REPORT (UBR)

0056996 AT

DOCUMENT # A96000000965

1. Entity Name
AMERICAN FAMILY HOUSING, LTD.

FILED
02 JAN 31 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O JOHN W. SHEA 475 COMMERCE LAKE DRIVE ST. AUGUSTINE FL 32095	Mailing Address C/O JOHN W. SHEA 475 COMMERCE LAKE DRIVE ST. AUGUSTINE FL 32095
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **59-3380802**

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

6. Name and Address of Current Registered Agent

**SHEA, JOHN W
C/O JOHN W. SHEA
475 COMMERCE LAKE DRIVE
ST. AUGUSTINE FL 32095**

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.

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

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 475 COMMERCE LAKE DRIVE ST. AUGUSTINE FL 32095	STREET ADDRESS	800004890958--6 -02/07/02--01073--003 ****526.25 ****526.25
NAME		CITY-ST-ZIP	
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NAME		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: *John W. Shea*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/01)