Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR) A97000001202 **DOCUMENT #** FILED 1. Entity Name AMBRY HOMES, LTD. 00 FEB 15 PM 2: 57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORINA 3900 BONAVENTURE BOULEVARD 3900 BONAVENTURE BOULEVARD WESTON FL 33332-2113 WESTON FL 33332 2. Principal Place of Business 3. Mailing Address 3501 5W 185 th Ave 3501 SW 1854 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0761966 Not Applicable Mirama Country \$8.75 Additional 5. Certificate of Status Desired 3 Fee Required 3029 30D 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, GARY A Street Address (P.O. Box Number is Not Acceptable) 3900 BONAVENTURE BOULEVARD 6000031 -02/29/00**--**01**088---0**01 WESTON FL 33332 City 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT, OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. - Activations (9/99) P93000008426 DOCUMENT # STREET ADDRESS SW 185th Ave. PONDAPPLE DEVELOPMENT, INC. STREET ADDRESS 3900 BONAVENTURE BOULEVARD CITY-ST-ZIP Miramar FL CITY-ST-ZIP WESTON FL 33332 DOCUMENT # G44686 STREET ADDRESS SW 185th NAME MITCOR, INC. STREET ADORESS 3900 BONAVENTURE BOULEVARD e O CITY-ST-ZIP CITY - ST - ZIP WESTON FL 33332 Miramor, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** 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 expute this report as required by Chapter 620, Florida Statutes

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: