


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4:04

DOCUMENT # A97000001202

1. Entity Name
 AMBRY HOMES, LTD.



Principal Place of Business
 3501 SW 185TH AVENUE
 MIRAMAR, FL 33029

Mailing Address
 3501 S.W. 185TH AVENUE
 MIRAMAR, FL 33029

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 266977
 Suite, Apt. #, etc.

City & State
 Weston, FL

Zip
 33326

Country
 USA



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0761966

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MITCHELL, GARY A
 3501 SW 185TH AVENUE
 MIRAMAR, FL 33029

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$10,000.00


10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000008426 PONDAPPLE DEVELOPMENT, INC. PO BOX 266977 WESTON, FL 33326	STREET ADDRESS CITY-ST-ZIP	700031168557 03/25/04--01023--025 **158.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G44686 MITCOR, INC. 3501 SW 185TH AVENUE MIRAMAR, FL 33029	STREET ADDRESS CITY-ST-ZIP	P.O. Box 266977 Weston, FL 33326
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STAPLE CHECK HERE

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 _____ Date _____ Daytime Phone # _____