

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 27 AM 9:09

DOCUMENT # A97000001202 1. Entity Name AMBRY HOMES, LTD.					
Principal Place of Business 3501 SW 185TH AVENUE MIRAMAR, FL 33029			Mailing Address P.O. BOX 266977 WESTON, FL 33326		
2. Principal Place of Business <i>4563 Nautical Court</i> Suite, Apt. #, etc.		3. Mailing Address <i>4563 Nautical Court</i> Suite, Apt. #, etc.			
City & State <i>Destin, FL</i>		City & State <i>Destin, FL</i>		4. FEI Number 65-0761966	
Zip <i>32541</i>		Country <i>OKALOOSA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, GARY A 4563 NAUTICAL COURT DESTIN, FL 32541			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P93000008426		STREET ADDRESS	<i>4563 Nautical Court</i>	
NAME	PONDAPPLE DEVELOPMENT, INC.		CITY-ST-ZIP	<i>Destin, FL. 32541</i>	
STREET ADDRESS	PO BOX 266977		STREET ADDRESS	<i>4563 Nautical Court</i>	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	<i>Destin, FL. 32541</i>	
DOCUMENT #	G44686		STREET ADDRESS		
NAME	MITCOR, INC.		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 266977		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE