2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A9700001203 04 MAR -9 PM 4: 04 AMBRY HOMES SOUTHERN, LTD. Principal Place of Business Mailing Address 3501 SW 185TH AVENUE 3501 SW 185TH AVENUE MIRAMAR, FL 33029 MIRAMAR, FL 33029 2. Principal Place of Business 4/9/5W/ 01072004 CR2E003 (10/03) Cha-LP City & State City & State Weston 4. FEI Number Applied For 'hiramal 65-0786783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3835 Windmill Laker Weston, FL 33332 MITCHELL, GARY A Street Address (P.O. Box Number is Not Acceptable) 3501-SW 185TH AVENUE-MIRAMAR FL 33029 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000:00 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. 12. GENERAL PARTNER INFORMATION 13. P93000008426 DOCUMENT # STREET ADDRESS PONDAPPLE DEVELOPMENT, INC. STREET ADDRESS PO BOX 266977 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33326 G44686 DOCUMENT # 3835 Windmilltake Road STREET ADDRESS NAMÉ MITCOR, INC. STREET ADDRESS 3501 SW 185TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33029 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>000031168520</u> DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with his filling 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 his report as required by Chapter 220, Florida Statutes SIGNATURE:

INTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #