2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 9:07

DOCUMENT # A97000001203

1. Entity Name
AMBRY HOMES SOUTHERN, LTD.

Principal Place of Business	Mailing Address
4191 SW 185TH AVENUE MIRAMAR, FL 33029	P.O. BOX 266977 WESTON, FL 33326

01042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
4563 NAUTICAL Court Suite, Apt. #, etc.	4563 NAUTICAL Court Suite, Apt. #, etc.
City & State: DESTIN, FL	City & State: DESTIN, FL
Zip: 32541 Country: OKALOOSA	Zip: 32541 Country: OKALOOSA

4. FEI Number: 65-0786783 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, GARY A 4563 NAUTICAL COURT DESTIN, FL 32541	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. Amount of Capital Contributions in FLORIDA to date.
$10,000.00	

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	4563 NAUTICAL Court
NAME	PONDAPPLE DEVELOPMENT, INC.	CITY-ST-ZIP	DESTIN, FL 32541
STREET ADDRESS	PO BOX 266977		
CITY-ST-ZIP	WESTON, FL 33326		
DOCUMENT #	G44686	STREET ADDRESS	4563 NAUTICAL Court
NAME	MITCOR, INC.	CITY-ST-ZIP	DESTIN, FL 32541
STREET ADDRESS	3835 WINDMILL LAKE ROAD		
CITY-ST-ZIP	WESTON, FL 33332		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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: Gary A. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #