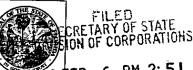
## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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	<b>A07000001000</b>
DOCUMENT #	A97000001203
	10100001200

1. Entity Name AMBRY HOMES SOUTHERN, LTD.



13 FEB -6 PM 2:51 Principal Place of Business 3501 SW 185TH AVENUE Mailing Address 3501 SW 185TH AVENUE MIRAMAR FL 33029 MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 65-0786783 Applied For Not Applicable Zip Country Zip Country \$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 MITCHELL, GARY A 3501 SW 185TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33029 City 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. 9. Capital Contributions \$10,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY P93000008426 DOCUMENT # PONDAPPLE DEVELOPMENT, INC. CR2E003 (10/02) STREET ADDRESS NAME 3501 SW 185TH AVENUE STREET ADDRESS MIRAMAR FL 33029 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # G44686 MITCOR, INC. STREET ADDRESS NAME STREET ADDRESS 3501 SW 185TH AVENUE CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP 700011899797<sup>,</sup> -02/06/03--01010--014 \*\*158.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

ED NAME OF SIGNING GENERAL PARTNER