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2000 UNIFORM	BUSINESS	REPORT	(UBR

	MENT#		NESS REP 0001204			FILED
ambry i	HOMES NORTHE	RN, LTD.		1	•	00 FEB 15 PH 2: 57
Principal Place	e of Business	# ***	Mailing Address	BLVD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
WESTON FL 3			WESTON FL 33332-21	13		
	lace of Business 1 5 w 185 #, etc.	5th Are	3. Mailing Address 3.501 S Suite, Apt. #, etc.	W 185	5th Ave	
City & State	emar, F	L	City & State Mifama	r, F	<u> </u>	4. FEI Number NOT APPLICABLE Applied For Not Applicable
Zip 33 <i>0</i> 2	로 역		33029	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
	6. Name and Ai	dress of Current F	registered Agent		Name	7. Name and Address of New Registered Agent
MITCHELL 3900 BON	., gary a Iaventure blvd),			Street Add	dress (P.O. Box Number is Not Acceptable)
MECTON	FL 33332					
WESTON					City	FI Zip Code
	named entity submi	ts this statement for	the purpose of changing	its register		FL Zip Code egistered agent, or both, in the State of Florida.
3. The above	Signature, typed or printed ntributions on record.	name of registered agent a	nd trie if applicable. (I 10. Amount of Ca in FLORIDA t	NOTE: Registere apital Contri o date.	red office or re ed Agent signature r ibutions	required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
3. The above SIGNATURE _ 9. Capital Column of as Shown of	Signature, typed or printed ntributions on record. A GENEI NOTE: Gene	name of registered agent a \$10,000.00 RAL PARTNER TO eral Partners MA	10. Amount of Cain FLORIDA t HAT IS A BUSINESS Y NOT be changed or	NOTE: Registere apital Contri o date. ENTITY M o the form	red office or re ed Agent signature r ibutions fUST BE RE n; an amend	required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED AND ACTIVE WITH THIS OFFICE. Imment must be filed to change a general partner.
3. The above SIGNATURE . 9. Capital Colas Shown of the color of the c	Signature, typed or printed ntributions on record. A GENER NOTE: General Company of the polymer	\$10,000.00 RAL PARTNER TO PARTNER MA'S ENERAL PARTNER VELOPMENT, INC.	10. Amount of Cain FLORIDA to HAT IS A BUSINESS of NOT be changed of INFORMATION	NOTE: Registere apital Contri o date. ENTITY M 1 the form 13.	red office or re- red Agent signature r ibutions **RUST BE RE n; an amend **REET ADDRESS	egistered agent, or both, in the State of Florida. required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED AND ACTIVE WITH THIS OFFICE. Imment must be filed to change a general partner. ADDRESS CHANGES ONLY
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the receiver or trustee empowered to

SIGNATURE:

SIGNATURE AND TYPED A PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #