2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A97000001204** 1. Entity Name 04 MAR -2 PM 3: 11 AMBRY HOMES NORTHERN, 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 3. Mailing Address P.O.P Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Country USA \$8.75-Additional 5. Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, GARY A Street Address (P.O. Box Number is Not Acceptable) 3501 SW 185TH AVENUE 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. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P93000008426 STREET ADDRESS PONDAPPLE DEVELOPMENT, INC. NAME STREET ADDRESS 3501 SW 185TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIRAMAR, FL 33029 G44686 DOCUMENT # STREET ADDRESS NAME 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 DOCUMENT / STREET ADDRESS 300030473283 NAME 03/15/04--01051--001 **150.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME > STREET #ODRESS CITY-ST-ZIP CITY - ST-ZIP 14. Thereby certify that the information supplied with this filling dots 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 algorithms 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 employered to execute this report is required by Chapter 620. Florida Statutes

Daytime Phone #