

A97000001204



AMBRY
HOMES

PO Box 266977
Weston, FL 33326

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

AMBRY HOMES
PO BOX 266977
WESTON, FL 33326

SUBJECT: AMBRY HOMES NORTHERN, LTD.
Ref. Number: A97000001204

We have received your document for AMBRY HOMES NORTHERN, LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is to change the registered agent of a corporation. Please complete the enclosed form to change the registered agent of a limited partnership.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 004A00044859

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TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Ambry Homes Northern, LTD.
Name of the limited partnership

2. 5-30-97
Date of filing/registration in Florida

3. A9700001204
Document number assigned

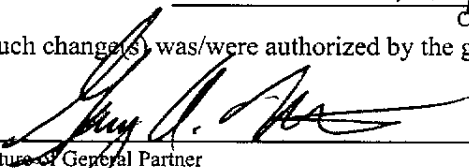
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary A. Mitchell
Name
3835 Windmill Lake Road
Address
Weston, FL 33332
City, State and Zip

5. The name and address of the new registered agent and/or office:

Gary A. Mitchell
Name
4563 Nautical Court
Florida street address (P.O. Box **not** acceptable)
Destin FL 32541
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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