



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 9:11

DOCUMENT # A97000001204			
1. Entity Name AMBRY HOMES NORTHERN, LTD.			
Principal Place of Business 3501 SW 185TH AVENUE MIRAMAR, FL 33029		Mailing Address P.O. BOX 266977 WESTON, FL 33326	
2. Principal Place of Business 4563 NAUTICAL COURT		3. Mailing Address 4563 NAUTICAL COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DESTIN, FL		City & State DESTIN, FL	
Zip 32541	Country OKALOOSA	Zip 32541	Country OKALOOSA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, GARY A 4563 NAUTICAL COURT DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000008426 PONDAPPLE DEVELOPMENT, INC. P.O. BOX 266977 WESTON, FL 33326	STREET ADDRESS CITY-ST-ZIP	4563 NAUTICAL COURT DESTIN, FL 32541
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G44686 MITCOR, INC. P.O. BOX 266977 WESTON, FL 33326	STREET ADDRESS CITY-ST-ZIP	4563 NAUTICAL COURT DESTIN, FL 32541
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		100046007701 02/04/05--01009--017 **158.75	
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: 		Date _____ Daytime Phone # _____	

STAPLE CHECK HERE