


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:50

DOCUMENT # A97000001204	
1. Entity Name AMBRY HOMES NORTHERN, LTD.	

Principal Place of Business 4563 NAUTICAL COURT DESTIN, FL 32541	Mailing Address 4563 NAUTICAL COURT DESTIN, FL 32541
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2. Principal Place of Business 4 Sunset Beach Place Suite, Apt. #, etc.	3. Mailing Address 4 Sunset Beach Place Suite, Apt. #, etc.
City & State Niceville, Florida	City & State Niceville, Florida
Zip 32578	Country USA



02222006 Chg-LP CR2E003 (11/05)

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) 4 Sunset Beach Place City Niceville FL Zip Code 32578
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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 X <i>GARY A. MITCHELL</i> DATE 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable</small>
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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. 4563 NAUTICAL COURT DESTIN, FL 32541	STREET ADDRESS CITY-ST-ZIP	4 Sunset Beach Place Niceville, Florida 32578
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G44686 MITCOR, INC. 4563 NAUTICAL COURT DESTIN, FL 32541	STREET ADDRESS CITY-ST-ZIP	4 Sunset Beach Place Niceville, Florida 32578
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X <i>GARY A. MITCHELL</i> DATE 2/28/06 <small>SIGNATURE AND FULLY PRINTED NAME OF SIGNING GENERAL PARTNER</small>

STAPLE CHECK HERE