

2001 UNIFORM BUSINESS REPORT (UBR)

0003084 AF

DOCUMENT # A97000001205
1. Entity Name
 AMBRY HOMES EASTERN, LTD.

FILED

5/10

01 APR 27 PM 3:03

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MITCHELL, GARY A
 3900 BONAVENTURE BLVD.
 WESTON FL 33332

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$10,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	P93000008426
NAME	PONDAPPLE DEVELOPMENT, INC.
STREET ADDRESS	3501 SW 185TH AVENUE
CITY-ST-ZIP	MIRAMAR FL 33029
DOCUMENT #	G44686
NAME	MITCOR, INC.
STREET ADDRESS	3501 SW 185TH AVENUE
CITY-ST-ZIP	MIRAMAR FL 33029
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004213549--2
CITY-ST-ZIP	-05/14/01--01009--004 ****405.00 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** 4/25/01 **Daytime Phone #** 954-443-4368

CP2E003 (11/00)