


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR -1 AM 9:26

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



Principal Place of Business  
 3501 SW 185TH AVENUE  
 MIRAMAR, FL 33029

Mailing Address  
 3501 SW 185TH AVENUE  
 MIRAMAR, FL 33029

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 266977**  
 Suite, Apt. #, etc.

City & State  
**Weston, FL**

Zip Country  
**33326 USA**



01072004 Chg-LP CR2E003 (10/03)

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**  
**3501 SW 185TH AVENUE**  
**MIRAMAR, FL 33029**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	P93000008426	STREET ADDRESS	<b>P.O. Box 266977</b>
NAME	PONDAPPLE DEVELOPMENT, INC.	CITY-ST-ZIP	<b>Weston, FL 33326</b>
STREET ADDRESS	3501 SW 185TH AVENUE		
CITY-ST-ZIP	MIRAMAR, FL 33029	STREET ADDRESS	<b>P.O. Box 266977</b>
DOCUMENT #	G44686	CITY-ST-ZIP	<b>Weston, FL 33326</b>
NAME	MITCOR, INC.		
STREET ADDRESS	3501 SW 185TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**300030238993**  
**03/10/04--01054--019 \*\*158.75**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_