

A97000001205

00789-00524-00071 Wrong form - LP not corp



AMBRY
HOMES

PO Box 266977
Weston, FL 33326

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/10 f/A change

A97-1205

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE

04 AUG 10 PM 1:27

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

AMBRY HOMES
P.O. BOX 266977
WESTON, FL 33326

SUBJECT: AMBRY HOMES EASTERN, LTD.
Ref. Number: A97000001205

We have received your document for AMBRY HOMES EASTERN, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the registered agent information for this Limited Partnership, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 304A00044912

**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 Eastern, LTD.
Name of the limited partnership

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

3. A97000001205
Document number assigned

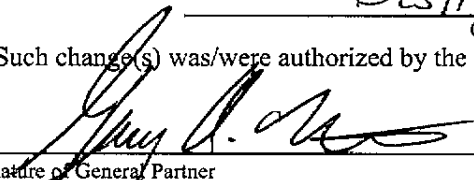
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary A. Mitchell
Name
3835 Windmill Lake Rd.
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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TALLAHASSEE FLORIDA
SECRETARY OF STATE