


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008300 AT

DOCUMENT # A97000001205


1. Entity Name
AMBRY HOMES EASTERN, LTD.



FILED

03 JAN 31 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country

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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	200011592172
CITY-ST-ZIP	01/31/03--01056--013 **158.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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:  **1-22-03 (954) 443-4366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRE003 (10/02)