

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000489

1. Entity Name
AMM PLANTATION INVESTMENTS, LTD.

Principal Place of Business: 888 S.E. THIRD AVENUE, FT. LAUDERDALE FL 33316
Mailing Address: 888 S.E. THIRD AVENUE, FT. LAUDERDALE FL 33316-1173

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0906445**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGER, JAMES L ESQUIRE
C/O BERGER, DAVIS & SINGERMAN
100 N.E. 3RD AVE., SUITE 400
FORT LAUDERDALE FL 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$100.00**
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 | 13. ADDRESS CHANGES ONLY

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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000055212 AMERICAN MARKETING & MGMT OF GILLIS, INC. 888 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316	STREET ADDRESS	
		CITY - ST - ZIP	900003288939--7 -06/14/00--01074--007 ****141.25 ****141.25
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		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 REQUIRED** *[Signature]* 5/1/00 (954) 581-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
00 MAY -2 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

CF (000-1111)