

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000549

1. Entity Name

AMP PROPERTY INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 1:58

Principal Place of Business C/O TRIDENT MANAGEMENT CORP. 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715	Mailing Address C/O TRIDENT MANAGEMENT CORP. 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0812882**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**SULLIVAN, ROBERT S
1790 S.W. 13TH COURT
POMPANO BEACH FL 33069-4715**

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

9. Capital Contributions as Shown on record. **\$893,936.57**

10. Amount of Capital Contributions in FLORIDA to date. **\$723,936.57**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000004713 TRIDENT MANAGEMENT CORP. 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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****526.95 ****526.95

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Robert S. Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-2000
Date

954-782-1400
Daytime Phone #