

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000549

1. Entity Name

AMP PROPERTY INVESTORS, LTD.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0812882

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

\$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

13. ADDRESS CHANGES ONLY

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

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: *Bryce N. Batzer* **REQUIRE** **BRUCE N. BATZER** **01/26/01** **(954) 782-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

01 JAN 29 AM 11: 23



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)