

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A 98000001940  
1. Entity Name  
AMERICAN RESIDENCES LIMITED PARTNERSHIP  
NO. 1, LTD

FILED  
02 FEB -6 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1901 THE OAKS BLVD Suite, Apt. #, etc.		3. Mailing Address 1901 THE OAKS BLVD 2001-2002 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL		4. FEI Number S9-353 2291	
Zip 34746		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

2/6

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: MAXIMILIAN MARTI  
Street Address (P.O. Box Number is Not Acceptable): 1901 THE OAKS BLVD  
City: KISSIMMEE FL Zip Code: 34746

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] DATE: 02/04/2002

9. Capital Contributions as Shown on record. <u>260.000</u>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	<u>F9800004644</u> <u>AMERICAN RESIDENCE AG</u> <u>METALSTR. 9A</u> <u>CH- 6304 ZUG, SWITZERLAND</u>	STREET ADDRESS CITY - ST - ZIP <u>800004912608--1</u> <u>-02/13/02--01002--028</u> <u>****526.25 ****526.25</u>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP <u>800004912608--1</u> <u>-02/13/02--01002--028</u> <u>****526.25 ****526.25</u>
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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] DATE: 02/04/2002 DAYTIME PHONE #: 407-832-1106

(2)

**AMERICAN  
RESIDENCE**  
*for better living* ★ ★ ★ ★ ★

Monday, February 04, 2002

Florida Department of State  
Division of Corporations  
Attn. Michelle  
P.O.Box 6327  
Tallahassee, FL 32314

**Subject: American Residences Limited Partnership No.1, Ltd.  
Ref Nr. A98000001940**

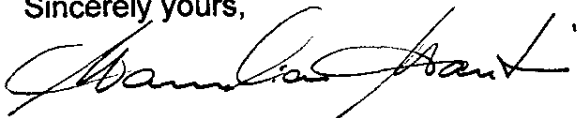
Dear Michelle,

Some things in this complicated world seem to be beyond control. However, we downloaded the UBR Form, completed it and attached it with the two checks (totaling \$ 1052.50) covering your demand. As you see, we do our very best to comply and be not only good businesspeople but also good citizens.

We don't believe that we must be punished with a \$ 500.00 fine, as we were unaware of any due action on our side. When we changed our legal advisors, this detail must have gone lost. We already mentioned this circumstance in a previous letter to the Division of Corporations.

We will take great care to react in due time next term and look forward to hear from you. Michelle, thanks for your help and understanding.

Sincerely yours,



Maximilian Marti  
American Residence Ltd1