

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -9 AM 9:01

SECRETARY OF STATE



1. Name of Limited Partnership AMBERTON WOODS, LTD.		1a. DOCUMENT # A98000002129	
2. Mailing Address C/O CENTURY REALTY FUNDS, INC. 5015 SOUTH FLORIDA AVE., SUITE 200 LAKELAND FL 33813		2a. Principal Office Address C/O CENTURY REALTY FUNDS, INC. 5015 SOUTH FLORIDA AVE., SUITE 200 LAKELAND FL 33813	
3. Date Formed or Registered 09/15/1998		3a. Date of Last Report	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record \$1,000.00	
5b. Amount of Capital Contributions in FLORIDA to date		6. FEI Number 59-3532390	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MAXWELL, LAWRENCE T C/O CENTURY REALTY FUNDS, INC. 5015 SOUTH FLORIDA AVE., SUITE 200 LAKELAND FL 33813		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) A & M BUSINESS PROPERTIES, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5015 SOUTH FLORIDA AV	11b. City, State & Zip Code LAKELAND FL 33813	11c. Registration/Document Number P29845
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Lawrence T. Maxwell

Lawrence T. Maxwell

DATE **3/5/99**

Daytime Telephone Number **941-647-1581**

CR2E003 (12/98)