

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002129

1. Entity Name

AMBERTON WOODS, LTD.

Principal Place of Business

C/O CENTURY REALTY FUNDS, INC.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813

Mailing Address

C/O CENTURY REALTY FUNDS, INC.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813



2. Principal Place of Business

500 S. Florida Ave
Suite, Apt. #, etc. 700

3. Mailing Address

PO Box 5252
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3532220

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33801

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave
#700

City

Lakeland

FL

Zip 33801

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.

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

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

DOCUMENT # P29845
NAME A & M BUSINESS PROPERTIES, INC.
STREET ADDRESS 5015 SOUTH FLORIDA AVE., SUITE 200
CITY-ST-ZIP LAKELAND FL 33813

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BK

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Lawrence T. Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/30/02

Date

Daytime Phone #

0014239 AT

CR2E003 (9/01)