

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000392

1. Entity Name
APARTMENT HOMES OF AMELIA, LTD.

Principal Place of Business
**50 NORTH LAURA STREET, SUITE 310
JACKSONVILLE FL 32202**

Mailing Address
**P.O. BOX 17833
JACKSONVILLE FL 32245-7833**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:20



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3561904

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET, SUITE 310
JACKSONVILLE FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$294,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P98000071243	NAME APARTMENT HOMES OF AMELIA, INC.	STREET ADDRESS	
STREET ADDRESS 1325 ATLANTIC AVENUE	CITY - ST - ZIP FERNANDINA BEACH FL 32034	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<i>mf 2/29/00</i>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	200003156432--9
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	-03/03/00--01057--027
DOCUMENT #	NAME	STREET ADDRESS	200003156432--9
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	-03/03/00--01057--028
DOCUMENT #	NAME	STREET ADDRESS	****88.75 ****88.75
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	****437.50 ****437.50
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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: **SIGNATURE REQUIRED** Harry R. Trevett 1/25/2000 (904) 261-2235
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)