

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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 7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3561904	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Zip Code		
FL			FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
9. Capital Contributions as Shown on record \$294,000.00			10. Amount of Capital Contributions in FLORIDA to date		
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 1325 ATLANTIC AVENUE CITY - ST - ZIP FERNANDINA BEACH, FL 32034			STREET ADDRESS CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/4/04 9046455009 <small>Date Daytime Phone #</small>		



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