



**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000750</b>				<b>Secretary of State</b>	
1. Entity Name <b>AMERA VILLAGE GREEN, LTD.</b>					
Principal Place of Business <b>2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>		Mailing Address <b>2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>65-0921345</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	624912	STREET ADDRESS			
NAME	AMERA PROPERTIES, INC.	CITY- ST- ZIP			
STREET ADDRESS	2900 UNIVERSITY DRIVE				
CITY- ST- ZIP	CORAL SPRINGS, FL 33065				
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
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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.					
Amara Properties, Inc.		George Rahael		4/16/04 954-753-9500	
SIGNATURE: _____		President		Date Daytime Phone #	