

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000000750**



1. Entity Name  
**AMERA VILLAGE GREEN, LTD.**

Principal Place of Business  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065**

Mailing Address  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065**

**FILED**  
03 APR 28 AM 9:31  
SECY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.	<b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>624912</b>	STREET ADDRESS	
NAME	<b>AMERA PROPERTIES, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2900 UNIVERSITY DRIVE</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>		
DOCUMENT #		STREET ADDRESS	<b>04/28/03--01128--019 ***150.00</b>
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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

President

4/23/03

954-753-9500

SIGNATURE:

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CF2E003 (10/02)