

Document Number Only

B95000000185

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 3:12

700001503207
-06/01/95--01035--037
****140.00 ****140.00

AMHP-1, L.P. A California Limited
Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fict. Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Will Wait | | |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

5/25/95
5/25/95
3:00

G. TAX	_____
FILING	52.50
R. AGENT FEE	35.00
G. COPY	52.50
TOTAL	140.00
N. BANK	_____
BALANCE DUE	_____
REFUND	_____

13/17
5/25/95

PLEASE RETURN EXTRA COPIES
FILE STAMPED

Florida Department of State, Jim Smith, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. AMHP-1, L.P., A California Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. California 4. May 24, 1995
(State of Formation) (Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Connie Bryan
(Officer must sign on this line)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. 4621 Teller Avenue, Suite 100, Newport Beach, CA 92660
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

AMHC CORP., a California Corporation

4621 Teller Avenue
Suite 100
Newport Beach, CA 92660

10. 4261 Teller Avenue, Suite 100, Newport Beach, CA 92660
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 4621 Teller Avenue, Suite 100, Newport Beach, CA 92660
(Mailing Address of Limited Partnership)

This 24th day of May, 19 95.

AMHC CORP., A California Corporation : BY: Tim Jagemann, Executive Vice President

General Partner

By: [Signature]

STATE OF CALIFORNIA

COUNTY OF ORANGE

THE FOREGOING instrument was acknowledged and sworn to before me this 24th day of MAY, 19 95, by TIMOTHY W. JAGEMANN (Name of General Partner)

AMHP-1

(Name of Limited Partnership), A CALIFORNIA (State or Country) Limited Partnership, on behalf of the Limited Partnership.

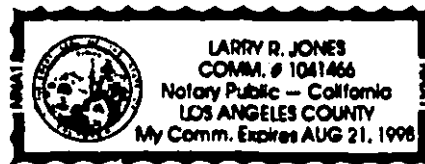
[Signature]
Notary Public

State of CALIF at Large

(SEAL)

My Commission Expires:

8-21-98



FILED
DIVISION OF CORPORATIONS
95 MAY 25 PM 2:00

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Tim Jagemann, Executive Vice President of AMHC CORP., a California Corporation, a general partner of AMHP-1, L.P., a (an) California limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contribution of the limited partners is \$ 3,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,000.00.

This 24th day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner

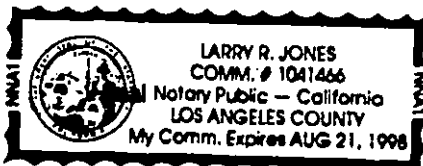
AMHC CORP., A California Corporation BY: Tim Jagemann, Executive Vice President

By: [Signature]

STATE OF CALIFORNIA
COUNTY OF ORANGE
DATE 5-24-95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared TIMOTHY W. JAGEMANN (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of MAY, 1995.



[Signature]
Notary Public
State of CALIF. at Large
My Commission Expires: 8-21-98

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
MAY 25 PM 3:32

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 APR 22 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000185

AMHP-1, L.P., A CALIFORNIA LIMITED PARTNERSHIP

96-AR
CM

Mailing Address

Principal Office Address

~~1001 TELLER AVENUE SUITE 100~~
NEWPORT BEACH CA 92660

~~1001 TELLER AVENUE SUITE 100~~
NEWPORT BEACH CA 92660

6 UPPER NEWPORT PLAZA

6 UPPER NEWPORT PLAZA

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA

05/25/1995

3a. Date of Last Report

4. State or Country of Formation

CA

5a. Capital Contributions as Shown
on Record

\$3,000.00

5b. Amount of Capital Contributions in
FLORIDA to date.

\$3,000.00

6. FEI Number

33-0663863

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

FF \$191.25

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

732.1039.1178.673

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

AMHC CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~1001 TELLER AVENUE, 0~~
6 UPPER NEWPORT PLAZA

11b. City, State & Zip Code

NEWPORT BEACH CA 92660

11c. Registration/
Document Number

F00000002904

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4/5/96

Typed or Printed Name of General Partner Signing Form

**AMHC CORP., GENERAL PARTNER
BY: PAUL N. DONNELLY, PRESIDENT**

Telephone Number

714-252-8350

CR2E003 (1/95)