

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000210

1. Entity Name

AMC PROPERTIES LIMITED PARTNERSHIP, A  
MICHIGAN L

FILED

01 APR 27 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1680 Fruitville Rd, #102  
Sarasota, FL 34236

Mailing Address  
12185 Abington Hall  
Place #207  
Reston, VA 20190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

521373805

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Levin, Jerome S  
1680 Fruitville Road, Suite 102  
Sarasota, FL 34236

Name

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

700004213427--3

-05/11/01--01147--024

City

\*\*\*\*141.25 FL \*\*\*\*141.25

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

10,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Don Carlson

STREET ADDRESS  
CITY-ST-ZIP

12185 Abington Hall Pl #207  
Reston, VA 20190

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Carlson, Glenn A. Jr.  
4240 North Atlantic Blvd.  
Auburn Hills, MI 48326

STREET ADDRESS  
CITY-ST-ZIP

70.00 -LP  
88.75 -Adm

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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:

Don F. Carlson

DON F. CARLSON

4/24/01 (703) 827-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)