

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000210

1. Entity Name

AMC PROPERTIES LIMITED PARTNERSHIP, A MICHIGAN LIMITED PARTNERSHIP

Principal Place of Business

1680 FRUITVILLE ROAD, SUITE 102
SARASOTA FL 34236

Mailing Address

12185 ABINGTON HALL PL #207
RESTON VA 20190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1373805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

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)

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.

SIGNATURE

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

DATE

9. Capital Contributions

\$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
CARLSON, DON F
12185 ABINGTON HALL PL #207
RESTON FL 20190

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLSON, GLENN A JR.
4240 NORTH ATLANTIC BLVD.
AUBURN HILLS MI 48326

STREET ADDRESS

CITY-ST-ZIP

000005027820--9
03/01/02 01017-017
****158.75 ****158.75

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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

SIGNATURE: X

Don F Carlson

2/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0018872 AB

APPROVED
AND
FILED

02 FEB 22 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

