

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A12079			
1. Entity Name NEW YORK YANKEES LIMITED PARTNERSHIP			
Principal Place of Business LEGENDS FIELD ONE STEINBRENNER DR TAMPA, FL 33614		Mailing Address LEGENDS FIELD ONE STEINBRENNER DR TAMPA, FL 33614	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04242007 Chg-LP CR2E003 (12/06)	
		4. FEI Number 34-1122131	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWINDAL, STEPHEN W LEGENDS FIELD ONE STEINBRENNER DRIVE TAMPA, FL 33614		Name NORMAN STALLINGS JR. Street Address (P.O. Box Number is Not Acceptable) ONE STEINBRENNER DRIVE LEGENDS FIELD City TAMPA FL Zip Code 33614	
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 <u>Norman Stallings, Jr.</u>		DATE <u>04/24/2007</u>	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
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	
NAME	STEINBRENNER, HAROLD Z	CITY - ST - ZIP	
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE		
CITY - ST - ZIP	TAMPA, FL 33614		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STEINBRENNER, GEORGE M III	CITY - ST - ZIP	
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE		
CITY - ST - ZIP	TAMPA, FL 33614		
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CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Harold Z. Steinbrenner</u>		Date <u>4/26/07</u> (813) 975-7753	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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