
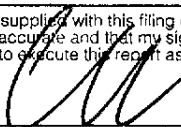


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000938 1. Entity Name AA MARINA, LLLP					
Principal Place of Business 450 EAST LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301			Mailing Address 450 EAST LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FCI Number 81-0619911	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE., STE. 2800 MIAMI, FL 33131				Name Street Address (P O Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 6,000,000.00			
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 #	L02000029656		STREET ADDRESS		
NAME	H MARINA PROPERTIES, LLC		CITY-ST-ZIP		
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE 1500		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  CHRIS V. Branden Vice Pres			Date: 3/03/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # 954-627-5065		

STAPLE CHECK HERE