

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 25 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000654

1. Entity Name
AMERICAN PARTNERS HOLDINGS, LLLP



Principal Place of Business
1776 RINGLING BLVD.
SARASOTA, FL 34236 US

Mailing Address
1776 RINGLING BLVD.
SARASOTA, FL 34236 US

2. Principal Place of Business
2567 N. Toledo Blade Blvd.
Suite, Apt. #, etc.
Unit 2
City & State
North Port, FL
Zip
34289
Country
US

3. Mailing Address
2200 Hicks Rd.
Suite, Apt. #, etc.
Suite 101
City & State
Rolling Meadows, IL
Zip
60008
Country
US



04192005 Chg-LP CR2E003 (10/03)

4. FFI Number
20-1419985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BLVD.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date. 0 141.25

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GIAMBRONE, WILLIAM W
1776 RINGLING BLVD.
SARASOTA, FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
2200 Hicks Rd., Suite 101
Rolling Meadows, IL 60008

DOCUMENT #
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CITY-ST-ZIP

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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: William W. Giambone 4/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE