



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A12079</b> 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04132005 Chg-LP CR2E003 (10/03)	
4. FEI Number 34-1122131				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SWINDAL, STEPHEN W LEGENDS FIELD ONE STEINBRENNER DRIVE TAMPA, FL 33614				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 _____ <small>Signature, typed or printed name of registered agent and use if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,461,982.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
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				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> 			Harold Z. Steinbrener 4/14/05 (413)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



STAPLE CHECK HERE

875-7753