

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04212006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1122131

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWINDAL, STEPHEN W
LEGENDS FIELD
ONE STEINBRENNER DRIVE
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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

VOID
05/09/06 00108 019 500.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT #	
NAME	STEINBRENNER, HAROLD Z
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE
CITY - ST - ZIP	TAMPA, FL 33614

DOCUMENT #	
NAME	STEINBRENNER, GEORGE M III
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE
CITY - ST - ZIP	TAMPA, FL 33614

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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

VOID
05/15/06-80070-008 500.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harold Z. Steinbrenner 4/24/06 813 875-7753

Date

Daytime Phone #

STAPLE CHECK HERE