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	Mailing Address
LEGENDS FIELD ONE STEINBRENNER DR TAMPA, FL 33614	LEGENDS FIELD ONE STEINBRENNER DR TAMPA, FL 33614

04242007 Chg-LP CR2E003 (12/06)

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

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	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: Norman Stallings, Jr. DATE: 04/24/2007
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 #		STREET ADDRESS	
NAME	STEINBRENNER, HAROLD Z		
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33614		
DOCUMENT #		STREET ADDRESS	
NAME	STEINBRENNER, GEORGE M III		
STREET ADDRESS	LEGENDS FIELD, ONE STEINBRENNER DRIVE	CITY-ST-ZIP	100101972331 05/09/07--01045--026 **500.00
CITY-ST-ZIP	TAMPA, FL 33614		
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STAPLE CHECK HERE

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: Harold Z. Steinbrenner 4/26/07 (813)875-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #