

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 21, 2008 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**



02292008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>34-1122131</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**STALLINGS, NORMAN JR  
ONE STEINBRENNER DRIVE  
LEGENDS FIELD  
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

00000091-0000  
DATE

05/06/08-80025-012 500.00

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <b>STEINBRENNER, HAROLD Z<br/>LEGENDS FIELD, ONE STEINBRENNER DRIVE<br/>TAMPA, FL 33614</b>     |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <b>STEINBRENNER, GEORGE M III<br/>LEGENDS FIELD, ONE STEINBRENNER DRIVE<br/>TAMPA, FL 33614</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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

4/18/08

Date

813-875-7753

Daytime Phone #

STAPLE CHECK HERE