


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

DOCUMENT # A18344		
1. Entity Name AFFILIATED AMERICAN INNS, LTD.		

Principal Place of Business 2401 MAYPORT ROAD ATLANTIC BEACH FL 32233	Mailing Address 2401 MAYPORT ROAD ATLANTIC BEACH FL 32233
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2. Principal Place of Business - No P.O. Box # 2407 Mayport Rd	3. Mailing Address 2407 Mayport Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Atlantic Bch, FL	City & State Atlantic Beach, FL
Zip 32233	Zip 32233
Country	Country

**FILED**

08 FEB 19 PM 12:34



1st MOORE CR2E003 (10/07)

4. FEI Number 59-2626900	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHEA, JOHN W. 8100 CYPRESS HOLLOW CT. PONTE VEDRA BEACH FL 32082	
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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 John W. Shea DATE \_\_\_\_\_  
Signature, name, or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # P96000090078	NAME AFFILIATED AMERICAN, INC.	STREET ADDRESS 2407 Mayport Rd	
STREET ADDRESS 2401 MAYPORT ROAD		CITY-ST-ZIP Atlantic Beach, FL 32233	
CITY-ST-ZIP ATLANTIC BEACH FL 32233			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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: John W. Shea \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE