
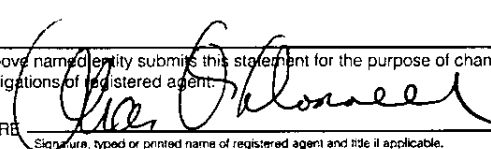
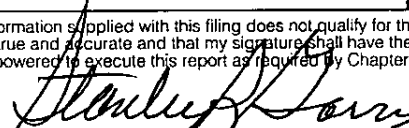


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A23833 1. Entity Name AMERICAN PARKS, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 2440 S.E. FEDERAL HWY., STE. 600 STUART, FL 34994			Mailing Address P.O. BOX 359 STUART, FL 34995		
2. Principal Place of Business 850 SW Martin Downs Bl. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm City, FL		City & State		4. FEI Number 95-3433132	
Zip 34990		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, CHAR ADMIN. 2440 SE FEDERAL HWY STE. 600 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div> Char O'Donnell DATE 4-14-05 </div> </div>					
9. Capital Contributions as Shown on record. \$1,951,280.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.					
SIGNATURE: 			Stanley R. Garris 34905 772-287-1844		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

300054021903
05/06/05-01083-015 **526.25