

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:43

DOCUMENT # A23833 1. Entity Name AMERICAN PARKS, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990			Mailing Address P.O. BOX 359 STUART, FL 34995		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 95-3433132	
Country		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. 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Stanley R. Garris Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL 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.					
SIGNATURE		Stanley R. Garris		2-1-2006	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GARRIS, STANLEY R 2440 S.E. FEDERAL HWY., STE. 600 STUART, FL 34994		STREET ADDRESS CITY-ST-ZIP	850 SW Martin Downs Blvd. Palm City, FLorida 34990	
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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:		Stanley R. Garris			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

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