

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 13 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02152007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A23833</b> 1. Entity Name <b>AMERICAN PARKS, A CALIFORNIA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>850 SW MARTIN DOWNS BL.          PALM CITY, FL 34990</b>			Mailing Address <b>P.O. BOX 359          STUART, FL 34995</b>		
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		Country		4. FEI Number <b>95-3433132</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARRIS, STANLEY R          852 SW MARTIN DOWNS BLVD          PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name <b>Christopher GARRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 SW MARTIN DOWNS BLVD.</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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 <b>Christopher GARRIS</b> <b>2-15-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	GARRIS, STANLEY R		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	850 SW MARTIN DOWNS BLVD		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME			STREET ADDRESS	CITY-ST-ZIP	
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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 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			<b>Christopher GARRIS</b> <b>2-15-07</b> <b>(772)287-1844</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>		

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