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

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## FILED **DOCUMENT # A24735** 1. Entity Name AMERICAN REAL ESTATE HOLDINGS LIMITED 2007 APR 30 AM 10: 16 **PARTNERSHIP** SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 100 SOUTH BEDFORD ROAD 100 SOUTH BEDFORD ROAD MT. KISCO, NY 10549 MT. KISCO, NY 10549 2. Principal Place of Business - No P.O. Box # ing Address 5 Hamilton Ave. 445 Hamilton Ave. 04172007 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For te Plains, 13-3398767 Not Applicable \$8.75 Additional U.S.A. 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 a ept the obligations of registered agent. Signature, typed or printed name of registered agent and trile if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P14961 DOCUMENT # 445 Hamilton Ave. Suite 1210 STREET ADDRESS NAME AMERICAN PROPERTY INVESTORS, INC. STREET ADDRESS 100 SOUTH BEDFORD ROAD White Plains, NY 10601 CITY-ST-ZIP CITY-ST-ZIP MT. KISCO, NY 10549 DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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