

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000001234

1. Entity Name
 ARCHIVE AMERICA, LIMITED



FILED

04 JUN 22 AM 9:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
 3495 BANKHEAD HIGHWAY
 ATLANTA, GA 30331

Mailing Address
 9350 S. DIXIE HIGHWAY, SUITE 900
 MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address
 3455 NW 54 Street

02092004 Chg-LP CR2E003 (10/03) 6/22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL 33142

4. FEI Number
 65-0635331

Applied For
 Not Applicable

Zip Country

Zip Country
 33142 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AAG GENERAL, INC.
 9350 S. DIXIE HIGHWAY
 SUITE 900
 MIAMI, FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$200.00

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 # P95000016109
 NAME AAG GENERAL, INC.
 STREET ADDRESS 9350 S. DIXIE HIGHWAY, SUITE 900
 CITY-ST-ZIP MIAMI, FL 33156

STREET ADDRESS
 CITY-ST-ZIP
 STREET ADDRESS 600038737796
 CITY-ST-ZIP 07/06/04--01029--005 **52.50

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
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 STREET ADDRESS 600038737796
 CITY-ST-ZIP 07/06/04--01029--006 **88.75

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STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/04

Date

Daytime Phone #

STAPLE CHECK HERE