


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
05 AUG -4 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001234					
1. Entity Name ARCHIVE AMERICA, LIMITED					
Principal Place of Business 3495 BANKHEAD HIGHWAY ALTANTA, GA 30331			Mailing Address 3455 NW 54 STREET MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0635331 Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Ave. City Tallahassee FL Zip Code 32301	
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 <u>Ed B. Lary</u> Ed B. Lary, Assistant Secretary 8/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$200.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P95000018109		STREET ADDRESS		
NAME	AAG GENERAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	9350 S. DIXIE HIGHWAY, SUITE 900				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <u>Robert Fisher</u> Robert Fisher, Sect. Trsr. 7/7/05 (305)633-8587 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE