

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

**DOCUMENT # A95000001234**

1. Entity Name  
**ARCHIVE AMERICA, LIMITED**



Principal Place of Business  
**3495 BANKHEAD HIGHWAY  
 ALANTA, GA 30331**

Mailing Address  
**3455 NW 54 STREET  
 MIAMI, FL 33142**

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

02052007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0635331**

Applied For  
 Not Applicable

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

**CORPDIRECT AGENTS, INC.  
 515 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301**

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

**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.**

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 **3455 NW 54 STREET**  
 CITY-ST-ZIP **MIAMI, FL 33142**

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**400096790244  
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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 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: **AAG General, Inc**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/27/07**

Date

**(305)**

**633-8587 ext 115**

Daytime Phone #

by: *Emily Macia* Secretary  
*Emily Macia* Treasurer

STAPLE CHECK HERE

**FILED**

**2007 APR 11 AM 9:58**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

