

2001 UNIFORM BUSINESS REPORT (UBR)

0016701 AF

DOCUMENT # B96000000051

1. Entity Name

AA HOLDINGS C.V. LIMITED PARTNERSHIP

FILED

01 APR 24 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

225 NORTH MICHIGAN AVENUE
ATTN: FIRM SECRETARY
CHICAGO IL 60601

Mailing Address

225 NORTH MICHIGAN AVENUE
ATTN: FIRM SECRETARY
CHICAGO IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4037256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

EX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEDIVY, JAMES H
101 ARTHUR ANDERSEN PARKWAY
SARASOTA FL 34232

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
WADIA, JIM
1 SURREY STREET
LONDON WC2R 2PS, ENGLAND

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
JOSE LUIS VAZQUEZ
ONE BISCAYNE TOWER, STE 1470
MIAMI FL 33131-1801

STREET ADDRESS

CITY-ST-ZIP

FF 141.25
Obs 8.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
EDWARDS, JAMES D
1345 AVENUE OF THE AMERICAS
NEW YORK NY 10105

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****150.00 ****150.00

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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:

Terry E. Hatchett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Terry E. Hatchett, Partner

Date

Daytime Phone #

4/11/01

713-237-2323

CR2E003 (11/00)