

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 15 AM 10:31

DOCUMENT # B98000000461

1. Entity Name
AUG ONE, L.P.



Principal Place of Business
2591 COMPASS ROAD
STE. 105
GLENVIEW, IL 60002-51

Mailing Address
2591 COMPASS ROAD
STE. 105
GLENVIEW, IL 60025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

60026

60026

06292005 Chg-LP CR2E003 (10/03)

4. FEI Number

36-4190033

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

O'QUINN, MICHAEL A. U
28 WEST CENTRAL BOULEVARD, FOURTH FLOOR
ORLANDO, FL 32801

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.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$9,900.00

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 # F97000004758
NAME TITAN DEVELOPMENT COMPANY
STREET ADDRESS 2591 COMPASS ROAD, STE. 105
CITY-ST-ZIP GLENVIEW, IL 60025

STREET ADDRESS 2591 Compass Rd. Ste. 105
CITY-ST-ZIP Glenview, IL 60026

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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

James Bonus Sr VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/18/05

Date

847 486-9781

Daytime Phone #

STAPLE CHECK HERE