

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B98000000461

1. Entity Name
AUG ONE, L.P.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:29

Principal Place of Business
 2591 COMPASS ROAD
 STE. 105
 GLENVIEW, IL 60026-51

Mailing Address
 2591 COMPASS ROAD
 STE. 105
 GLENVIEW, IL 60026



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

04232008

Chg-LP

CR2E003 (12/06)

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.

100130451161
 05/30/08--01007--003 **\$500.00

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # F97000004758
 NAME TITAN DEVELOPMENT COMPANY
 STREET ADDRESS 2591 COMPASS ROAD, STE. 105
 CITY-ST-ZIP GLENVIEW, IL 60025

STREET ADDRESS

CITY-ST-ZIP

GLENVIEW, IL 60026

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

BLT

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: *James Boures*

JAMES BOURES

4/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE