

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # B98000000462

1. Entity Name  
AUG TWO, L.P.



FILED

2004 JUN 10 PM 1:04

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2591 COMPASS RD., STE. 105  
GLENVIEW, IL 60025

Mailing Address  
2591 COMPASS RD., 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

03092004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
36-4224807

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

\$5,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$141.25

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 # P97000004758  
NAME TITAN DEVELOPMENT COMPANY  
STREET ADDRESS 919 N MICHIGAN AVE., SUITE 550  
CITY-ST-ZIP CHICAGO, IL 60611

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M03000002515  
NAME TITAN SUB II, LLC  
STREET ADDRESS 2591 COMPASS RD., STE. 105  
CITY-ST-ZIP GLENVIEW, IL 60025

STREET ADDRESS

CITY-ST-ZIP

900037818709  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-27-04

STAPLE CHECK HERE