

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B98000000462

1. Entity Name
AUG TWO, L.P.



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

60026

Country

Zip

60026

Country

04262006

Chg-LP

CR2E003 (11/05)

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT # **M03000002515**
NAME **TITAN SUB II, LLC**
STREET ADDRESS **2591 COMPASS RD., STE. 105**
CITY-ST-ZIP **GLENVIEW, IL 60026**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000075021490

05/22/06--01025--009 **\$00.00--

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 Bouves*

James Bouves, Sr. V.P.

Titan Development Co Gen. Partner

4/24/06

(847) 486-9781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE