

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000601

1. Entity Name

AIRPORT INVESTMENT PARTNERSHIP, LTD.

Principal Place of Business

505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401-5950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

ALEXANDER, LARRY B ESQUIRE  
C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

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.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

891,000

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 # P99000032441  
NAME AIRPORT INVESTMENT CORP.  
STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 1100  
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/00

Date

970 845-7000

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE