2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						APPKUYE	. •	
DOCUMENT # A9900000601 1. Entity Name					AND			
AIRPORT INVESTMENT PARTNERSHIP, LTD.					02 APR 30 PM 6: 18			
Principal Place of Business Mailing Address					SECRETARY OF STATE TABLAHASSEE, FLORIDA			
505 SOUTH FLAGLER DRIVE. SUITE 1100 505 SOUTH FLAGLER DR			RIVE. SUITE 1100			TALLAHASSEE	, F1, OIV	167
WEST PALM	BEACH FL 33401	WEST PALM BEACH FL	33401					
2. Principal Place of Business 521 E Movehed Street 521 E Move			head Streat			HELIN HEHIR HOUST BREEF BESTE BESTE F		
Suite, Apt	. #, etc.	52) E Morehead Street Suite, Apt. #, etc.			DUE DV MAY 4			
City & Sta		Suite 540 City & State		DUE BY MAY 1, 2002 4. FEI Number Applied For				
Cha	rlotte NC	Charlotte NC			4. FEI Number 65-0909943 Applied For Not Applied between Not Applied Not Applied For Not Appli			
^{Zip} 282	-02 Country USA	Zip 28202	Country		5. Certificate of	f Status Desired		5 Additional Required
*	6. Name and Address of Current F	Registered Agent	Name		7. Name and A	Address of New Register	ed Agent	
ALEXAND	Street	Address (I	P.O. Box Number	is Not Acceptable)				
C/O JON		Sileet Address (F						
	TH FLAGLER DRIVE, SUITE 1100 NLM BEACH FL 33401		City					
8 The above				FL Zip Code				
o. The above	named entity submits this statement for		registered office of	or register	ed agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable.				DAT	<u> </u>	•
9. Capital Contributions as Shown on record. \$10,000,000.00 In FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
40 51101111	A GENERAL PARTNER TH	TITY MUST BE	REGIST	ERED AND AC	SEE REVERSE SIDE	ICE		
12.	NOTE: General Partners MAY GENERAL PARTNER	NOT be changed on the	ne form; an am	endmen	t must be filed	to change a general p	partner.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT #	P99000032441	STREET ADDRESS		\ 1				
NAME STREET ADDRESS	AIRPORT INVESTMENT CORP. 505 SOUTH FLAGLER DRIVE, SUI	TE 1100		521				
CITY-ST-ZIP	WEST PALM BEACH FL 33401	<u> </u>	CITY-ST-ZIP	Cha	rlotle	NC 28207	<u>ر</u>	
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STREET ADDRESS			CITY-ST-ZIP			<u>****526_29</u>	***	# \$26.25
DOCUMENT €								
NAME 2			STREET ADDRESS					,
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
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NAME STREET ADDRESS								
CITY-ST-ZIP	11/1		CITY-ST-ZIP	. <u>.</u>				
indicated of the receive	ertify that the information supplies with the on this report is true and accurate and the or trustee empowered to execute this r	is filing does not qualify for t at my signature shall have th eport as required by Chapte	the exemption stat ne same legal effe er 620, Florida Stat	ed in Sect ct as if ma utes	iion 119.07(3)(i), f de under oath; th	Florida Statutes. I further ca at I am a General Partner	ertify that of the limi	the information ted partnership or

SIGNATURE:

URE AND SPECIFIC OF PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02 (704) 372-045