

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A00000000182

1. Entity Name
AIRCRAFT PARTNERS OF MILTON, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 AUG 27 PM 2:20

WL
 09/27/04

Principal Place of Business
 5550 NORTH AIRPORT ROAD
 MILTON, FL 32583

Mailing Address
 5550 NORTH AIRPORT ROAD
 MILTON, FL 32583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5600 N. AIRPORT RD

Suite, Apt. #, etc.

5600 N. AIRPORT RD

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-LP

CR2E003 (10/03)

4. FEI Number

NOT APPLICABLE

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

GLASS, DAVIS H
5600 N. AIRPORT ROAD
MILTON, FL 32583

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.

\$15,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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 # **P00000007274**
 NAME **AIRCRAFT MANAGEMENT SERVICES, INC.**
 STREET ADDRESS **5600 NORTH AIRPORT ROAD**
 CITY-ST-ZIP **MILTON, FL 32583**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200041220552
09/21/04--01064--001 **150.00

200041220552
09/21/04--01064--002 **52.50

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

07-13-04 (866) 623-4451

Date

Daytime Phone #

STAPLE CHECK HERE