


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007290 AT

DOCUMENT # A00000000182		
1. Entity Name AIRCRAFT PARTNERS OF MILTON, LTD.		

HL 6/27 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 19 PM 2:24

Principal Place of Business 5550 NORTH AIRPORT ROAD MILTON FL 32583	Mailing Address 5550 NORTH AIRPORT ROAD MILTON FL 32583
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GLASS, DAVIS H C/O AIRCRAFT MANAGEMENT SERVICES, INC. 5550 NORTH AIRPORT ROAD MILTON FL 32583	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 5600 N. AIRPORT RD	
City	Zip Code
FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$15,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000007274	STREET ADDRESS	5600 N. AIRPORT RD
NAME	AIRCRAFT MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5550 NORTH AIRPORT ROAD		
CITY-ST-ZIP	MILTON FL 32583		
DOCUMENT #		STREET ADDRESS	600018030836
NAME		CITY-ST-ZIP	05/06/03--01006--021 **150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600018030836
NAME		CITY-ST-ZIP	05/19/03--01020--004 **43.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 	Date 04-25-03	Daytime Phone # (850) 423-4151
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

CR2E003 (10/02)

STAPLE CHECK HERE