

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001746

1. Entity Name
AIRPORT NORTH I, LTD.



Principal Place of Business
200 S. ORANGE AVE., SUITE 2025
ORLANDO, FL 32801 US

Mailing Address
200 S. ORANGE AVE., SUITE 2025
ORLANDO, FL 32801 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022007

Chg-LP

CR2E003 (12/06)

4. FEI Number
20-3586014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URBAN & THIER, P.A.
545 DELANEY AVENUE
BUILDING 7
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Urban & Thier, P.A.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue, Suite 2025

City
Orlando

FL

Zip Code
32801

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.

05/01/07

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # P03000107619
NAME JUPITER USA, INC.
STREET ADDRESS 545-7 DELANEY AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200 S. Orange Avenue, Suite 2025
CITY-ST-ZIP Orlando, FL 32801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

05/01/07 407-245-8360

FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE