

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A05000001747

1. Entity Name  
AIRPORT NORTH II, 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  
20-3819852

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

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

Name  
Urban & Thier, P.A.

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

200 S. Orange Avenue, Suite 2025

Orlando

FL

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000107619  
NAME JUPITER USA, INC.  
STREET ADDRESS 545 DELANEY AVENUE, BUILDING 7  
CITY-ST-ZIP ORLANDO, FL 32801

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

DOCUMENT #  
NAME  
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

STAPLE CHECK HERE

FILED  
07 MAY 18 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

