DOCUMENT # A19874 1. Entity Name JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED					FILED 02 FEB - 4 PM 3: 49 SECRETARY OF A PM								
							Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
							C/O GEORGE EIDSON. JR. C/O GEORGE EIDSON. JR. 255 ORANGE AVE. SUITE 1000 255-SRANGE-AVE: SUITE 11						
ORLANDO FL		GREANDO-FE-92984			 	. Baran didin daria birah didin didin 1886							
2. Principal P	Place of Business	3. Mailing Address											
cjo George T. Ei			عماء	on JR.									
Suite, Apt. #, etc. Suite, Apt. #, etc. P.o. Box. 231					DUE BY MAY 1, 2002								
City & State		ORLANDO	FL		4. FEI Number 59-2520479	Applied For Not Applicable							
Zip	Country	32802-0231	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required							
	6. Name and Address of Curre		1		7. Name and Address of New Registr								
EDISON, GEORGE T. JR. 255 ORANGE AVE., SUITE 1000 ORLANDO FL 32801				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	register	red office or register	red agent, or both, in the State of Florida.								
SIGNATURE ,					*****								
9. Capital Co	Signature, typed or printed name of registered ago	1.0.1	tal Contri	ibutions		YABLE TO DEPT. OF STATE							
as Shown	on record. \$7,001,672.23	III FLORIDA IO C		ALICT DE DECIC	SEE REVERSE SI	DE FOR FEE INFORMATION							
	NOTE: General Partners !	MAY NOT be changed on t	he forn	n; an amendmer	nt must be filed to change a general	al partner.							
12.	GENERAL PARTN	IER INFORMATION	13.		ADDRESS CHANGE								
DOCUMENT # NAME	EIDSON, GEORGE T., JR. 255 S. ORANGE AVENUE, SUITE 1000			STREET ADDRESS 100049125619 \$ -02/12/02-01073-014									
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	**************************************								
DOCUMENT #	NAME BISHOP, WILLIAM D., SR. 8 FAIROAKS LANE			STREET ADDRESS									
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP									
DOCUMENT #	MATERIOTE		s s _STR	EET ADDRESS	er and a contract of the second								
NAME STREET ADDRESS													
CITY-ST-ZIP	•		City	Y-ST-ZIP	····								
DOCUMENT # NAME			STR	EET ADDRESS									
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP									
DOCUMENT #			STR	EET ADDRESS									
NAME STREET AND DRESS				Y-ST-ZIP									
CITY-ST-ZIP.			CIT	(+3)+ZIF									
DOCUMELT ≠ NAME			STR	REET ADDRESS	****								
STREET ADDRESS CITY-ST-ZIP			cin	Y-ST-ZIP									
14. I hereby of	certify that the information supplied v	vith this filing does not qualify fo	r the exe	emption stated in Se	ection 119.07(3)(i), Florida Statutes. I furth- nade under oath; that I am a General Part	er certify that the information ner of the limited partnership or							
the receiv	ver or trustee empowered to execute	this report as required by Chap	oter 620,	Florida Statutes	and confidence and and and and and								

1/29/02