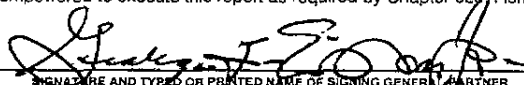


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A19874 1. Entity Name JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED					
Principal Place of Business C/O GEORGE EIDSON, JR. 255 ORANGE AVE. SUITE 1000 ORLANDO, FL 32801			Mailing Address C/O GEORGE T. EIDSON, JR. P.O. BOX 231 ORLANDO, FL 32802-0231		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		01082004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-2520479	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EIDSON, GEORGE T. JR. 255 ORANGE AVE., SUITE 1000 ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$7,001,872.29		10. Amount of Capital Contributions in FLORIDA to date.		\$526.25	
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 # NAME STREET ADDRESS CITY-ST-ZIP EIDSON, GEORGE T., JR. 255 S. ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BISHOP, WILLIAM D., SR. 8 FAIROAKS LANE MAITLAND, FL			STREET ADDRESS CITY-ST-ZIP 000000070377 02/28/04-80023-016 526.25		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				1/19/04 407-843-7860	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE