


-2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A19874
 1. Entity Name
 JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED



Principal Place of Business _____ Mailing Address _____
 C/O GEORGE EIDSON, JR. C/O GEORGE T. EIDSON, JR.
 255 ORANGE AVE. SUITE 1000 P.O. BOX 231
 ORLANDO, FL 32801 ORLANDO, FL 32802-0231

2. Principal Place of Business _____ 3. Mailing Address _____
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____
 City & State _____ City & State _____
 Zip _____ Country _____ Zip _____ Country _____



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2520479 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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. _____

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 #	EIDSON, GEORGE T., JR.	STREET ADDRESS	U00000202481
NAME	255 S. ORANGE AVENUE, SUITE 1000	CITY-ST-ZIP	01/28/05-80113-003 526.25
STREET ADDRESS	ORLANDO, FL 32801		
CITY-ST-ZIP			
DOCUMENT #	BISHOP, WILLIAM D., SR.	STREET ADDRESS	
NAME	8 FAIROAKS LANE	CITY-ST-ZIP	
STREET ADDRESS	MAITLAND, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 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:  1/24/05 407 843 7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE STATE FORM 6000