2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

1.	DOCUMENT # A19874 1. Entity Name JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED					SEC DIVISIO 06 M	RETARY I IN OF COF	U DF STATE RPORATIONS M 10: 23	
C/ 24	Principal Place of Business C/O GEORGE EIDSON, JR. 255 ORANGE AVE. SUITE 1888 12 TOOR ORLANDO, FL 32801			Mailing Address C/O GEORGE T. EIDSON, JR. P.O. BOX 231 ORLANDO, FL 32802-0231			of /	·	
2.	2. Principal Place of Business			3. Mailing Address					
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		01252006 Chg-LP	CR2E00	3 (11/05)	
	City & State			City & State			4. FEI Number 59-2520479		Applied For Not Applicable
	Zip Country		Zip Country		Certificate of Status Desired		8.75 Additional		
<u>, </u>	6. Name and Address of Current R					7. Name and Address of New		·	
	EIDSON, GEORGE T. JR. 255 ORANGE AVE., SUITE 1880- 1244 ORLANDO, FL 32801			FLOOR		Name			
≠ 1-24						Street Address (P.O. Box Number is Not Acceptable)			
Ĭ									
ļ						City		FL	Zip Code
8.	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, the obligations of registered agent.								miliar with, and accept
SI	SIGNATURE Signature, typed or printed name of registered agent and title if applicable							DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00								
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST NOTE: General Partners MAY NOT be changed on the form; an								
<u> </u>	12. GENERAL PARTNER INFORMATION DOCUMENT / L 420				13.		ADDRESS CI	HANGES ONLY	
1 '	NAME EIDSON, GEORGE T., JR.			14		EET ADDRESS			
1	STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32801			-1100 12th FLO		r-ST-ZIP			
	DOCUMENT / NAME BISHOP, WILLIAM D., SR.			STP		EET ADDRESS			
STF	reet address Ty-st-zip		AKS LANE		CITY	r-ST-ZIP		3746 3015	₩\$500 . 00
DO	CUMENT #		5,12		STR	EET ADDRESS			
- 1	ime Reet address Ty-st-zip				CITY	r-ST-ZIP			
DO	CUMENT #				STR	ÉET ADDRESS			
	ME REET ADDRESS 'Y-ST-ZIP				СІТУ	r-ST-ZIP			
治	CUMENT #	,			STR	EET ADDRESS			
ET CT	ME 4 REET ADDRESS 'Y-ST-ZIP				CITY	/-ST-ZIP			
STA NAI	CUMENT / ME REET ADDRESS					EET ADDRESS			
	TY-ST-ZIP	<u> </u>				(+ST-ZIP	11.01	17.0	
					v for the e			Life of bor on the	by that the information
	I. I hereby of indicated or the reco	certify that the on this repo- eiver or trus	ne information supplied with this true and accurate and the toe empowered to execute the	this filling does not qualify that my signature shall have his report as required by the state of the state o	ve the sam Chapter 62	te legal effect as if r 20, Florida Statutes	nade under oath; that I am a Gen	eral Partner of t	the limited partnership