


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 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.
420 ORANGE AVE., 12TH FL 0
ORLANDO, FL 32801

Mailing Address
C/O GEORGE T. EIDSON, JR.
P.O. BOX 231
ORLANDO, FL 32802-0231



01152008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2520479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EIDSON, GEORGE T. JR.
420 ORANGE AVE., 12TH FL
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #	
NAME	EIDSON, GEORGE T., JR.
STREET ADDRESS	420 S. ORANGE AVENUE, 12TH FL
CITY-ST-ZIP	ORLANDO, FL 32801

DOCUMENT #	
NAME	BISHOP, WILLIAM D., SR.
STREET ADDRESS	8 FAIROAKS LANE
CITY-ST-ZIP	MAITLAND, FL

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000813247
02/12/08-80082-011 500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE