

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000624 AV

**DOCUMENT # A19874**

1. Entity Name  
**JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED**



**FILED**

03 JAN 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**DUE BY MAY 1, 2003**

4. FEI Number **59-2520479**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EIDSON**  
**EDISON, 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.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 STREET ADDRESS CITY-ST-ZIP	<b>EIDSON, GEORGE T., JR.</b> <b>255 S. ORANGE AVENUE, SUITE 1000</b> <b>ORLANDO FL 32801</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BISHOP, WILLIAM D., SR.</b> <b>8 FAIROAKS LANE</b> <b>MATLAND FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800010704758</b>
CITY-ST-ZIP	<b>01/24/03--01103--007 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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 of George T. Edison, Jr.* **1/7/03** **407-843-7860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)