

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A27114

1. Entity Name
AIRPORT ACRES LIMITED PARTNERSHIP



Principal Place of Business
175 LOOKOUT PLACE, SUITE 201
MAITLAND, FL 32751

Mailing Address
175 LOOKOUT PLACE, SUITE 201
MAITLAND, FL 32751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2904262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEERDAM, A.C.
175 LOOKOUT PLACE, SUITE 201
MAITLAND, FL 32751

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

(Signature, typed or printed name of registered agent and title if applicable)

DATE

9. Capital Contributions
 as Shown on record.

\$2,063,916.88

10. Amount of Capital Contributions
 in FLORIDA to date.

2,063,916.88

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 #	G99056900409	STREET ADDRESS	
NAME	EURO AMERICAN INVESTORS GROUP	CITY- ST- ZIP	
STREET ADDRESS	175 LOOKOUT PLACE, SUITE 201		
CITY- ST- ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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STREET ADDRESS			
CITY- ST- ZIP			

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03/18/05-800005-004 526.25

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:

AC Leerdam

3/10/05

407 645 5244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE