


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A29816 1. Entity Name JACKSONVILLE INTERNATIONAL AIRPORT ROAD ASSOCIATES, LTD.					
Principal Place of Business 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414			Mailing Address 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0180909	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAPIRO, STEVEN 3111 FORTUNE WAY, B-18 WEST PALM BEACH FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	G01270900211			STREET ADDRESS	
NAME	KSP/JACKSONVILLE LAND PARTNERS, A FL J.V.			CITY-ST-ZIP	
STREET ADDRESS	3111 FORTUNE WAY, B-18			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414			CITY-ST-ZIP	
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1st MOORE CR2E003 (10/05)

4. FEI Number **65-0180909** 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

SHAPIRO, STEVEN
3111 FORTUNE WAY, B-18
WEST PALM BEACH FL 33414

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

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12. GENERAL PARTNER INFORMATION

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 STREET ADDRESS 3111 FORTUNE WAY, B-18
 CITY-ST-ZIP WEST PALM BEACH FL 33414

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CITY-ST-ZIP

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

STEVEN M. SHAPIRO

4/27/06

561-793385

Date

Daytime Phone #

STAPLE CHECK HERE