


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

DOCUMENT # A32373 1. Entity Name AIRPORT TERMINAL ASSOCIATES, LTD.					
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431			Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERRICK, NORTON 2295 CORPORATE BOULEVARD NW SUITE 222 BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	V00955		STREET ADDRESS		
NAME	HC TERMINAL, INC.		CITY-ST-ZIP	33431	
STREET ADDRESS	2295 CORPORATE BLVD., NW. STE. 222				
CITY-ST-ZIP	BOCA RATON, FL				
DOCUMENT #			STREET ADDRESS	400054031064	
NAME			CITY-ST-ZIP	05/06/05--01109--004 **5238.75	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	FF \$ 141.25	
NAME			CITY-ST-ZIP	Cus 8.75	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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: <i>[Signature]</i>			Date 3/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE