2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 **FILED** DOCUMENT # A32917 Jan 11, 2006 08:00 AN **Secretary of State** FLL AIRPORT DEVELOPMENT LIMITED PARTNERSHIP Principal Place of Business Mailing Address 615 SW7THAVENLE 615 SW7THAVEVLE FT. LAUDEFDALE FL. 33315-1074 FT. LALDEFDALE FL 33315-1074 01052006 No Chg-LP GR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0332929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEASON, R.R., JR. DO NOT WRITE **615 SW 7TH AVE** FT LAUDERDALE, FL 33315 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. V28655 DOCUMENT # FLL AIRPORT DEVELOPMENT CORP. STREET ADDRESS 615 S.W. 7TH AVENUE CHTY - ST-ZIP FT. LAUDERDALE, FL 333151074 U00000382649 01/12/06-80021-009 508.75 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE **DOCUMENT** # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 cath, that I am a General Partner of the limited partners in or the receiver or trustee employeed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK HERE

CITY - ST-ZIP DOCUMENT#

STREET ADDRESS CITY-ST-ZIP :

> SIGNATURE AND TYPED OR PRINT NAME OF SIGNING GENERAL PARTNER