

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A33517**  
1. Entity Name  
**AIRPORT PLAZA PARTNERS, LTD.**



Principal Place of Business      Mailing Address  
**5728 MAJOR BLVD.  
SUITE 601  
ORLANDO, FL 32819**      **5728 MAJOR BLVD.  
SUITE 601  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



02242008 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**59-3149169**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**KHATIB, RASHID A.  
5728 MAJOR BLVD.  
SUITE 601  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box, if applicable)  
**DO NOT WRITE IN THIS SPACE**  
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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

100000541259  
05/10/06-80051-023 500.00

**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.**

12. GENERAL PARTNER INFORMATION

|                |                          |
|----------------|--------------------------|
| DOCUMENT #     | V19919                   |
| NAME           | INTRAM INVESTMENTS, INC. |
| STREET ADDRESS | 5728 MAJOR BLVD.         |
| CITY-ST-ZIP    | ORLANDO, FL 32819        |
| DOCUMENT #     |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| DOCUMENT #     |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| DOCUMENT #     |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

13. ADDRESS CHANGES ONLY

|                |  |
|----------------|--|
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: Rashid Khatib      4-27-06      407-354-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #