2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

					-
DOCUMENT # A9600001303 1. Entity Name					FILED CECOSTADA OF OTHE
AIRPORT ROAD LIMITED PARTNERSHIP				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 626 GULF SHORE BLVD SOUTH NAPLES FL 34102 Mailing Address P.O. BOX 893 BLOOMFIELD HILLS MI 483			3303-089	3	00 APR 19 AH11: 43
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
	City & State			4. FEI Number Applied For	
City & State					59-3392731 Not Applicable
Zip	Country	Zip	Cour		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name	
ARONOFF, JANET Y 626 GULF SHORE BLVD., SOUTH NAPLES FL 34102				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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST E NOTE: General Partners MAY NOT be changed on the form; an a				IUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY
DOCUMENT# NAME	P96000057691 AIRPORT ROAD, INC. 626 GULF SHORE BLVD., SOUTH NAPLES FL 34102		STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	2000032426627 -05/08/0001089011
DOCUMENT# NAME			STR	EET ADDRESS	****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP			СП	r-ST-ZIP	
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STREET ADDRESS				r-ST-ZIP	
DOCUMENT# NAME			STR	EET ADORESS	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	
DOCUMENT # NAME			STR	EET ADORESS	
STREET ADDRESS CITY-ST-ZIP			СП	/-ST-ZIP	
DOCUMENT # NAME			STF	KEET ADDRESS	
STREET ADDRESS CITY+ST-ZIP				7-ST-ZIP	
4. 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					

PRESDENT OF AIRPORTROLING.