

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018352 AB

DOCUMENT # A96000001303

1. Entity Name  
AIRPORT ROAD LIMITED PARTNERSHIP



FILED

03 MAR 28 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
626 GULF SHORE BLVD., SOUTH  
NAPLES FL 34102

Mailing Address  
P.O. BOX 893  
BLOOMFIELD HILLS MI 48303-0893

2. Principal Place of Business  
800 SEAGATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 302

Suite, Apt. #, etc.

City & State  
NAPLES, FL

City & State

Zip  
34103

Country

Zip

Country

4. FEI Number 59-3392731

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

ARONOFF, JANET Y  
626 GULF SHORE BLVD., SOUTH  
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

800 SEAGATE DRIVE, SUITE 302  
City NAPLES FL Zip Code 34103

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

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000057891  
NAME AIRPORT ROAD, INC.  
STREET ADDRESS 626 GULF SHORE BLVD., SOUTH  
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS 800 SEAGATE DR., SUITE 302  
CITY-ST-ZIP Naples, FL 34103

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS 500014845475  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D. J. ARONOFF

1-8-03

248-642-0190

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE