

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000001209

1. Entity Name
AIRPORT FLYERS ASSOCIATES, LTD.



Principal Place of Business

C/O AIRPORT FLYERS, INC./ATN. DAVID S BAND
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

Mailing Address

C/O AIRPORT FLYERS, INC./ATN. DAVID S BAND
P.O. BOX 49948
SARASOTA, FL 34230-6948

FILED

07 FEB 23 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0757225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAND, DAVID S
C/O AIRPORT FLYERS, INC.
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # H51849
NAME AIRPORT FLYERS, INC.
STREET ADDRESS 240 S. PINEAPPLE AVE., 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

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CITY-ST-ZIP

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200089614092
02/27/07--01057--019 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE