

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 A
Secretary of State

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**



01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0757225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2008, Fee will be \$900.00

000000798636
01/30/08-80036-005 500.00

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

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**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