


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90393 045 ****61.25

DOCUMENT # F01000001086	
1. Entity Name AIRPORT COMMERCE CENTER ASSOCIATES, INC.	

Principal Place of Business ATTN : GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 32326	Mailing Address ATTN : GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 32326
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14012706



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 58-5283148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD ALBERTSON, MARK A 1 INTERNATIONAL PLACE 13TH FLOOR BOSTON, MA 021104101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT FOX, R GREGORY 3424 PEACHTREE RD NE SUITE 800 ATLANTA, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VS O'DELL, CHRISTOPHER L 1585 BROADWAY NEW YORK, NY 100368293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VAS NEWMARK, DEBBIE J 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V NEWMARK, DEBBIE J 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS KNIGHT, GAIL 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 32326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Knight Gail Knight, AS 3/7/05 404-846-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #