


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000466  
 1. Entity Name  
 AIRPORT INDUSTRIAL PARTNERS, LLC



Principal Place of Business      Mailing Address  
 725 NORTH MAGNOLIA AVE.      790 SUMMA AVE  
 ORLANDO, FL 32803              WESTBURY, NY 11590

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 59-3625282      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STONE, STEPHEN M  
 725 NORTH MAGNOLIA AVE.  
 ORLANDO, FL 32803

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAFFER, SADIQUE 790 SUMMA AVE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAFFER, MOHAMED TAKI 1738 BRIDGE WATER DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/28/05-80056-015 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #