


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 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.
ORLANDO, FL 32803** **790 SUMMA AVE.
WESTBURY, NY 11590**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-LLC CRZE083 (11/05)

4. FEI Number 59-3625282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000515905
04/29/06-80229-009 50.00

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
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IN THIS SPACE**

11. 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 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: *Stephen M Stone* **3/24/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #