


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000466 1. Entity Name AIRPORT INDUSTRIAL PARTNERS, LLC	
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Principal Place of Business 725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803	Mailing Address 790 SUMMA AVE WESTBURY, NY 11590
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 59-3625282	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  STONE, STEPHEN M 725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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**DO NOT WRITE IN THIS SPACE**

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05/22/08-80049-001 138.75

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:**       **4-18-08**      **407-649-9888 x7.34.**

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