

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90141 027 ***150.00

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1. Entity Name

AIRPORT WEST INDUSTRIAL, L.L.C.



Principal Place of Business

2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

Mailing Address

2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address



MOORE CR2E083 (11/03)

Suite 860
2 Alhambra Plaza

Suite 860
2 Alhambra Plaza

City of Coral Gables, FL 33134

City of Coral Gables, FL 33134

Zip

Country

Zip

Country

4. FEI Number

65-1168068

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILA, OSCAR J III
2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

2 Alhambra Plaza
Suite 860

City

Coral Gables, FL 33134

FL

Zip Code

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

DEF

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VILA, OSCAR J III
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGR ☐ Delete
NAME DIAZ, JESUS E
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGR ☐ Delete
NAME PADRON, CARLOS E
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 2 Alhambra Plaza
STREET ADDRESS Suite 860
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/25/04 (302) 461-4888