


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2004 90141 027 ***150.00

DOCUMENT # L02000033245 1. Entity Name AIRPORT WEST INDUSTRIAL, L.L.C.	
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Principal Place of Business 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134	Mailing Address 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134
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2. Principal Place of Business 2 Alhambra Plaza Suite 860 Coral Gables, FL 33134	3. Mailing Address 2 Alhambra Plaza Suite 860 Coral Gables, FL 33134
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MOORE CR2E083 (11/03)

City Coral Gables, FL 33134	City Coral Gables, FL 33134	4. FEI Number 65-1168068	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VILA, OSCAR J III 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza Suite 860 Coral Gables, FL 33134 City 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 _____ (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 <input type="checkbox"/> Delete
NAME	VILA, OSCAR J III
STREET ADDRESS	2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	DIAZ, JESUS E
STREET ADDRESS	2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	PADRON, CARLOS E
STREET ADDRESS	2100 SALZEDO STREET, SUITE 300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 860
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 860
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 860
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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]* 2/25/04 (302) 461-4888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #