

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

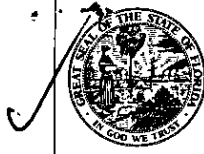
**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90047 020 \*\*\*\*50.00

DOCUMENT # L02000033245

1. Entity Name

AIRPORT WEST INDUSTRIAL, L.L.C.



**DO NOT WRITE IN THIS SPACE**

00040901

2. Principal Place of Business  
2100 Salzedo Street

3. Mailing Address  
(SAME)

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Gables, FL

City & State

4. FEI Number  
65-1168068

Applied For  
Not Applicable

Zip Country  
33134 FL

Zip Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Oscar J. Vila, III.

Street Address (P.O. Box Number is Not Acceptable)  
2100 Salzedo Street, Suite 300

City Coral Gables, FL Zip Code  
33134

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

2/12/03  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Oscar J. Vila, III.  
2100 Salzedo Street, Suite 300  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Jesus E. Diaz  
2100 Salzedo Street, Suite 300  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Carlos E. Padron  
2100 Salzedo Street, Suite 300  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Oscar J. Vila Managing Member 2/12/03 305/461-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)