

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90216 021 ****50.00

DOCUMENT # L03000009122

1. Entity Name
AIRPORT INTERSTATE ASSOCIATES, LLC



Principal Place of Business
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

Mailing Address
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

60031830



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3691980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUNDSCHU, CHRIS
6700-1 DANIELS PARKWAY
FORT-MYERS, FL-33912

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUNDSCHU, CHRIS
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUNDSCHU, GAYLE
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRAFT, DAN
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/05 **239-693-1000**
Date **Daytime Phone #**