


**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L03000028329</b>			
1. Entity Name AERO #8 INDUSTRIAL PARK, LLC			
Principal Place of Business <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXX</del>		Mailing Address <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXX</del>	
2. Principal Place of Business <b>845 Sunshine Lane</b>		3. Mailing Address <b>845 Sunshine Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Altamonte Springs, Florida</b>		City & State <b>Altamonte Springs, Florida</b>	
Zip <b>32714</b>		Country <b>USA</b>	
4. FFI Number <b>57-1181050</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TATICH, PHILIP</b> <b>341 NORTH MAITLAND AVENUE, STE. 340</b> <b>MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when re-registering)	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager</b> <b>Kenneth M. Delp, II</b> <b>845 Sunshine Lane</b> <b>Altamonte Springs, FL 32714</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Kenneth M Delp II</i>		<b>Date:</b> <i>4.28.04</i>	<b>Company Phone #:</b> <i>407.830.7117</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Company Phone #

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