

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90044 004 ****50.00

DOCUMENT # L04000086548					
1. Entity Name ALICO AIRPARK, LLC					
Principal Place of Business 5659 STRAND COURT, STE. 101 NAPLES, FL 34110			Mailing Address 5659 STRAND COURT, STE. 101 NAPLES, FL 34110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04182005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1946658				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 NORTH TAMiami TRAIL, STE. 330 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: JACKIE LARSON Street Address (P.O. Box Number is Not Acceptable): 5659 STRAND COURT SUITE 101 City: NAPLES FL Zip Code: 34110		
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: 4/18/05		
(NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$50.00 Due by May 1, 2005		
Make check payable to Florida Department of State			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, ROBERT P 5659 STRAND COURT, STE. 101 NAPLES, FL 34110	<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.					
SIGNATURE:			Date: 4/18/05 239 593 3883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					