

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 050 ****50.00

DOCUMENT # L06000094605	
1. Entity Name AIRPORT INDUSTRIAL PARK, LLC	

Principal Place of Business 3000 NORTH FEDERAL HIGHWAY BUILDING TWO SUITE 200 FT. LAUDERDALE, FL 33306	Mailing Address 3000 NORTH FEDERAL HIGHWAY BUILDING TWO SUITE 200 FT. LAUDERDALE, FL 33306
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60026901



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>APPLIED FOR</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
L&L PARA, LTD. CO. 27911 CROWN LAKE BLVD. SUITE 201 BONITA SPRINGS, FL 34135	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Co</i> AIP MANAGEMENT, LLC 3000 NORTH FEDERAL HIGHWAY BUILDING TWO FT. LAUDERDALE, FL 33306 <i>REVIEW 11.27.06</i> <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 exemptions contained in Chapter 119, 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]* Date: *3/16/07* Daytime Phone #: *239-948-1823*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE