

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104640

FILED
Jan 04, 2007
Secretary of State

Entity Name: AIRPORT INDUSTRIAL PARK, LLC

Current Principal Place of Business:

14476-101 DUVAL PLACE WEST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

14476-101 DUVAL PLACE WEST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-5778196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, JOHN S
818 NORTH A1A, SUITE 104
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP () Change (X) Addition
Name: WAAS, LISA B VP
Address: 14476-101 DUVAL PLACE WEST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGR () Change (X) Addition
Name: BRADDOCK, WILLIAM K MBR
Address: 14476-101 DUVAL PLACE WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR () Change (X) Addition
Name: BRADDOCK, STEVEN R MBR
Address: 14476-101 DUVAL PLACE WEST
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA B. WAAS

VP

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date