

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90059 024 ****50.00

0003202

DOCUMENT # L99000006287

1. Entity Name

AIRPORT INDUSTRIAL INVESTMENT CO., LLC

Principal Place of Business

**C/O GEORGE T. EIDSON, JR.
 255 S. ORANGE AVENUE, TENTH FLOOR
 ORLANDO FL 32801**

Mailing Address

**C/O GEORGE T. EIDSON, JR.
 255 S. ORANGE AVENUE, TENTH FLOOR
 ORLANDO FL 32801**

510877

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O GEORGE T. EIDSON, JR.

Suite, Apt. #, etc.

P.O. Box 231

City & State

ORLANDO FL

Zip

32802-0231

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602130

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EIDSON, GEORGE T JR.
 255 S. ORANGE AVENUE, TENTH FLOOR
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** Delete
 NAME: **EIDSON, GEORGE T JR.**
 STREET ADDRESS: **250 S. ORANGE AVENUE, TENTH FLOOR**
 CITY-ST-ZIP: **ORLANDO FL 32801**

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
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TITLE: Delete
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/02

Date

407-843-7860

Daytime Phone #

CR2E083 (9/01)