## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L99000006287** 03-22-2006 90288 045 \*\*\*\*50.00 1. Entity Name AIRPORT INDUSTRIAL INVESTMENT CO., LLC Mailing Address Principal Place of Business C/O GEORGE T. EIDSON, JR. 12+h C/O GEORGE T. EIDSON, JR. <del>255 S. ORANGE AVENUE</del>, <del>TENTH</del> FLOOR 20018706 P 0 BOX 231 ORLANDO, FL 32801 ORLANDO, FL 32802-0231 420 S. ORANGE AVENUE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 59-3602130 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 12th EIDSON, GEORGE T JR. Street Address (P.O. Box Number is Not Acceptable) **以** <del>255</del> S. ORANGE AVENUE, <del>TENTH</del> FLOOR ORLANDO, FL 32801 City Zip Code Fl 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR ☐ Change ☐ Addition TITLE □ Delete TITLE FIDSON, GEORGE T JR. 12\*\*\* S. ORANGE AVENUE, TENTH FLOOR NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 8106

OF SIGNING MANAGING MEMBER, MANAGER, OR JUTH

IZED REPRESENTATIVE

Date

FILED

Mar 22, 2006 8:00 am