


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90141 027 ***150.00

DOCUMENT # L02000033245 1. Entity Name AIRPORT WEST INDUSTRIAL, L.L.C.	
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Principal Place of Business 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134	Mailing Address 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
2 Alhambra Plaza Suite 860 Coral Gables, FL 33134	2 Alhambra Plaza Suite 860 Coral Gables, FL 33134
City	City
Coral Gables, FL 33134	Coral Gables, FL 33134
Zip	Country

MOORE CR2E083 (11/03)

4. FEI Number 65-1168068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
VILA, OSCAR J III 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza Suite 860 Coral Gables, FL 33134
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 _____

DEF	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete VILA, OSCAR J III 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134
TITLE	MGR <input type="checkbox"/> Delete DIAZ, JESUS E 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134
TITLE	MGR <input type="checkbox"/> Delete PADRON, CARLOS E 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 860 Coral Gables, FL 33134
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 860 Coral Gables, FL 33134
TITLE	2 Alhambra Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 860 Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* 2/25/04 (302) 461-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #