

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

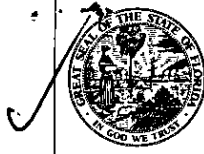
FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90047 020 ****50.00

DOCUMENT # L02000033245

1. Entity Name

AIRPORT WEST INDUSTRIAL, L.L.C.



DO NOT WRITE IN THIS SPACE

00040901

2. Principal Place of Business
2100 Salzedo Street

3. Mailing Address
(SAME)

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State

4. FEI Number
65-1168068

Applied For
Not Applicable

Zip Country
33134 FL

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Oscar J. Vila, III.

Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street, Suite 300

City Coral Gables, FL Zip Code
33134

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

2/12/03
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Oscar J. Vila, III.
2100 Salzedo Street, Suite 300
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Jesus E. Diaz
2100 Salzedo Street, Suite 300
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Carlos E. Padron
2100 Salzedo Street, Suite 300
Coral Gables, FL 33134

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Oscar J. Vila Managing Member 2/12/03 305/461-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)