

2000 UNIFORM BUSINESS REPORT (UBR)

0004274 A

DOCUMENT # A98000001618
 1. Entity Name
CONESE AVIATION, LTD.

FILED

00 JAN 27 PM 3: 24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 55 ALHAMBRA PLAZA, SUITE 600 55 ALHAMBRA PLAZA, SUITE 600
 CORAL GABLES FL 33134 CORAL GABLES FL 33134-5249



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0848324** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date.
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000055143
NAME	CONESE AVIATION, INC.
STREET ADDRESS	55 ALHAMBRA PLAZA, SUITE 600
CITY - ST - ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	000003118990--5 -02/01/00--01102--018 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Edward T. Broadnedor* **Edward T. Broadnedor**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 1-24-00 305-774-3500
 Date Daytime Phone #

CRE003 (9/99)