

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014023

1. Entity Name

PART 'N GO OF NEBRASKA, LLC

FILED

Principal Place of Business

Mailing Address

255 E. DANIA BEACH BLVD SUITE 230  
DANIA, FL. 33004-3900

01 JUN 20 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1057504

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY A. MCLAUGHLIN  
110 SE 6TH STREET, 15TH FLOOR  
C/O TRIP SCOTT, PA.  
FT. LAUDERDALE, FL 33301

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: MEMBER  
NAME: AIRPORT AMENIA USA, L.P.  
STREET ADDRESS: 3727 OLD FOREST ROAD SUITE A  
CITY-ST-ZIP: LYNCHBURG VA 24501

TITLE: [ ] Change [ ] Addition  
NAME: [ ] Change [ ] Addition  
STREET ADDRESS: 000004451370-3  
CITY-ST-ZIP: -06/29/01--01026--013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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.

By FLIGHTIME PARKING, INC. G.P.

SIGNATURE: By JOHN R. BONA PRES *John R. Bona* 4/30/2001 954-927-4889

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

Date

Daytime Phone #

CR2E003 (11/00)