



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-12-2004 90228 009 *****50.00

FILED L03000006159
RETARY OF STATE
ON OF CORPORATIONS

APR 28 PM 12: 56

DOCUMENT # L03000006159					
1. Entity Name AVIATION LAW CENTER OF THE AMERICAS, LLC					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1850 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 1850 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2107293	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYER, JAMES M 701 BRICKELL AVENUE, SUITE 1850 MIAMI, FL 33131			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MANAGING MEMEBER	
STREET ADDRESS			STREET ADDRESS	MEYER, JAMES M.	
CITY-ST-ZIP			CITY-ST-ZIP	701 BRICKELL AVENUE SUITE 1650	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MANAGING MEMEBER	
STREET ADDRESS			STREET ADDRESS	HARPER, GEORGE R.	
CITY-ST-ZIP			CITY-ST-ZIP	701 BRICKELL AVENUE SUITE 1650	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 2/28/04		Daytime Phone #: 305-577-3443
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					