

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000002458

FILED
Feb 12, 2003
Secretary of State

Entity Name: HEMISPHERE AVIATION, LLC

Current Principal Place of Business:

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.
999 BRICKELL AVENUE, SUITE 650
MIAMI, FL 33131

New Principal Place of Business:

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.
848 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

Current Mailing Address:

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.
999 BRICKELL AVENUE, SUITE 650
MIAMI, FL 33131

New Mailing Address:

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.
848 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

FEI Number: 65-0872843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFMAN, WILLIAM D
999 BRICKELL AVENUE, SUITE 650
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HOFFMAN, WILLIAM D
848 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

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:

02/12/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SPRINKLE, JAMES
Address: 999 BRICKELL AVENUE, SUITE 650
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPRINKLE, JAMES
Address: 848 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES E SPRINKLE

MR

02/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date