

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A03000000784

1. Entity Name
BARON INTERNATIONAL, LLP



FILED

2005 MAY -6 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
501 BRICKELL KEY DRIVE
MIAMI, FL 33131

Mailing Address
501 BRICKELL KEY DRIVE
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

REIN-LP

CR2E100 (6/04)

4. FEI Number

NONE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, NICOLAS J P.A.
501 BRICKELL KEY DRIVE
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # L02000027395
NAME AIRCRAFT SPARES MANAGEMENT, LLC
STREET ADDRESS 501 BRICKELL KEY DRIVE, STE. 504
CITY-ST-ZIP MIAMI, FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/6/05 305-672-5944