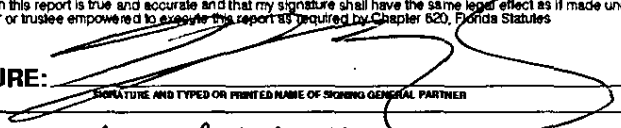


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A30857			
1. Entity Name AGES AIRCRAFT SALES & LEASING, A LIMITED PARTNERSHIP			
Principal Place of Business 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487		Mailing Address 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-3032191		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTNEY, KEVIN P ESQ. 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FLA 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F92000000532 AGES AIRCRAFT INTERNATIONAL LTD 645 PARK OF COMMERCE WAY BOCA RATON, FL	STREET ADDRESS CITY - ST - ZIP	50001734420
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	04/30/03 01011-005
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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: 		Date 2/21/03 561-989-3823	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER KEVIN P. HARTNEY		Daytime Phone #	

MJH

04/30/03 01011-005 * 41.25

STAPLE CHECK HERE