DOCUMENT # A9400001879 1. Entity Name							and the said	e destagnication in the	·	,	83
PAUL W. WILLS I AND RUTH L. WILLS FAMILY LIMITED							FILED				
Principal Place of Business Mailing Address H112 HIGHLAND LAKES CIRCLE BIRMINGHAM AL 35242-6825 NEW 400KESS POBOK 3-81-21-8-Birmingham						7/ 19	90 SE TAL	OO MAR 23 PM 3: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	lace of Busines			ng Address Lthall,	Drak	35238	ace		! !!! !!!!!! !!!	80) (87) (88) (80) 	
Suite, Apt.	#, etc.	Suite	Apt. #, etc.			1300	DO NOT WRITE IN TH	HIS SPAC	E		
City & State				State OH 44			4. FEI Number	65-0541142		Applied For Not Applicable	
Zip			·	^{Zip} 44115		try ISA	5. Certificate of Status Desired S8.75 Additional Fee Required				
PRICE, MARK J ESQUIRE % ROETZEL & ANDRESS, LPA 850 PARK SHORE DRIVE, TRIANON CTR/ 3RD FL NAPLES FL 33940						Name Name Street Address (P.O. Box Number is Not Acceptable) City Lip Code					
8. The above	named entity	submits this statement for	the purpo	se of changing its	register	ed office or registe	red agent, or both	, in the State of Florida.	I		
SIGNATURE .	Signature, typed or	printed name of registered agent a	nd title if applic	cable. (NOT	E: Registere	d Agent signature require	d when reinstating)	DA	ŤΕ		
						\$1,205,1-10,00- SEE REVERSE SIDE FOR FEE INFORMATION =					
	A GI NOTE: (General Partners MA	Y NOT be	changed on t	he form	UST BE REGIS ; an amendmer	TERED AND AC nt must be filed	TIVE WITH THIS OFF to change a general	partner.		
12. DOCUMENT#						3. ADDRESS CHANGES ONLY STREET ADDRESS					
NAME STREET ADDRESS	AIRCRAFT SALES, INC.					-ST-ZP	9 80				
CITY-SŢ-ZIP DOCUMENT #	DIRMINGRAM AL 33242					REET ADDRESS					
NAME STREET ADORESS CITY ST-ZIP						-ST-ZIP	800003130440 9 -04/06/0001067006				
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CITY-ST-ZIP DOCUMENT#						'-ST-ZIP					
NAME STREET ADDRESS	ANE					EET ADDRESS	de				-
14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report is true and accurate and that my signature shall have the the receiver or trustee empowered to execute this report as required by Chapter						e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am a General Partner of the limited partnership or					
the receives	ver or trustee e	mpowered to execute this Paul W. Wili	report as	required by Chap Presi	oter 620,	Florida Statutes . Aircra	ft Sales				
SIGNAL	UIIL	SIGNATURE AND TYPED OR	PRINTED NAM	<u> </u>				Date	Daytime	Phone #	