

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

001378 AT

DOCUMENT # A99000000544

1. Entity Name

INDIGO AIRSHIP LEASING, LTD., LLP

02 APR 15 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10800 ROOSEVELT BLVD.  
ST. PETERSBURG FL 33716

Mailing Address

10800 ROOSEVELT BLVD.  
ST. PETERSBURG FL 33716



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o D. Grayson/SunTrust Bank

Suite, Apt. #, etc.

PO Box 1498

City & State  
Tampa, FL

Zip

33601-1498

Country

Bank

DUE BY MAY 1, 2002

4. FEI Number

59-3566636

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOREAN, WILLIAM D  
10800 ROOSEVELT BLVD.  
ST. PETERSBURG FL 33716

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$14,157,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MOREAN, WILLIAM D  
10800 ROOSEVELT BLVD.  
ST. PETERSBURG FL 33716

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STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100005293721--5  
-04/18/02--01068-022  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report is true and accurate and that my signature shall have the same legal effect as if made the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Florida Statutes. I further certify that the information hat I am a General Partner of the limited partnership or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02

Date

727-892-4688

Daytime Phone #

CR2E003 (9/01)