

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 010 ***150.00

0310928 AV

DOCUMENT # **F93000005111**

1. Entity Name
AIRCAP MANAGEMENT COMPANY



Principal Place of Business
**12555 BISCAYNE BLVD
935
NORTH MIAMI FL 33181
US**

Mailing Address
**12555 BISCAYNE BLVD
935
NORTH MIAMI FL 33181
US**

2. Principal Place of Business
**5400 NW 159 STREET
Suite, Apt. #, etc.
#409**

3. Mailing Address
**5400 159 STREET
Suite, Apt. #, etc.
#409**

City & State
MIAMI FL 33014

City & State
MIAMI FL 33014

Zip Country Zip Country

4. FEI Number **65-0439742** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

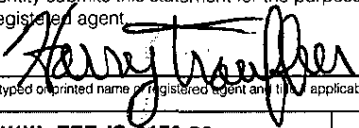


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HIRSCH, WILLIAM J
12555 BISCAYNE BLVD
STE 935
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent
Name **HARRY TRAUFFER**
Street Address (P.O. Box Number is Not Acceptable)
**5400 NW 159 STREET
#409**
City **MIAMI** FL Zip Code **33014**

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, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HIRSCH, WILLIAM J 12555 BISCAYNE BLVD / STE 935 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (PC) HARRY TRAUFFER 5400 NW 159 STREET #409 MIAMI, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)