

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 002 ****50.00

DOCUMENT # L00000003094

1. Entity Name
WORLDWIDE AIRSHIP OPERATIONS, L.L.C.



Principal Place of Business
3000 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

Mailing Address
3000 N. ATLANTIC AVE., FLOOR 21
DAYTONA BEACH, FL 32118

2. Principal Place of Business

3. Mailing Address

2250 Lucien Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 120

City & State

City & State

Maitland, FL

Zip

Country

Zip

Country

32751

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2265741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOD, CHARLES D JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118

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.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BARTH, ALBRECHT
3000 N. ATLANTIC AVE., FLOOR 21
DAYTONA BEACH, FL 32118

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.

SIGNATURE:

April 22, 03

+49 208 378080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Case

Daytime Phone #

CR2E083 (10/02)