

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90269 036 ****55.00

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DOCUMENT # L00000003377



1. Entity Name
SEMBLER AVIATION, L.L.C.

Principal Place of Business Mailing Address
5858 CENTRAL AVENUE 5858 CENTRAL AVENUE
ST.PETERSBURG FL 33707 ST.PETERSBURG FL 33707

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. PO Box 41847
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg FL

Zip Country Zip Country
33743-1847 USA

4. FEI Number Applied For
59-3650005 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLEMING, LINDA L
BUCHANAN INGERSOLL P.C.
401 E. JACKSON STREET, SUITE 2500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **SHER, CRAIG H.**
Street Address (P.O. Box Number is Not Acceptable)
5858 CENTRAL AVENUE
City **ST. PETERSBURG** FL Zip Code **33707**

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]* DATE **4-25-03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMBLER AIR, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **11/9/03** DAYTIME PHONE # **727-384-6000**

CR2E083 (10/02)