## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # L0000005908  1. Entity Name  AIRFOIL CONTOUR, L.L.C. |                         |   |                   |  |               |                       | ·                  | FILED<br>01 APR 27 PM 2: 55              |  |             |   |                                       |  |
|---|-------------------------|---|-------------------|--|---------------|-----------------------|--------------------|--|--|-------------|---|---------------------------------------|--|
|   |                         |   |                   |  |               |                       |                    |  |  |             |   |                                       |  |
|   |                         | .,  |                   |  |               |                       |                    |  |  |             |   |                                       |  |
| Principal Place of Business Mailing Address                     |                         |   |                   |  |               |                       |                    |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |             |   |                                       |  |
| 4349 SW POF   |                         | •   |                   | 9 SW PORT WAY                          |               |                       |                    |  |  | er, rioldia | 4   |                                       |  |
| PALM CITY FL 34990 PALM CITY FL 34990                           |                         |   |                   |  |               |                       |                    |  |  |             |   |                                       |  |
|   |                         |   |                   |  |               |                       |                    | 11                                       | ARITAN BIL BANK BANK ARIK ARIK BA          | <br>        |   | Odbol irni 1880                       |  |
| 2. Principal F  | Place of Busin          | ess   | 3. M              | ailing Address                         |               |                       |                    |  |  |             |   |                                       |  |
| SOST  |                         | 34 270057   |                   |  |               |                       |                    |  |  | 7           |   | •                                     |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                         |                         |   |                   |  |               | · .                   |                    |  | DO NOT WRITE IN THIS SPACE                 |             |   |                                       |  |
| City & State Miami FL   |                         |   | Ci                | City & State                           |               |                       |                    | 4. FEI Number Applied For Not Applicable |  |             |   |                                       |  |
| 33/S  | 7                       | Country USA   | Zi                | p                                      | Cour          | ntry                  | 5.                 | . Certifi                                | cate of Status Desired                     |             |   |                                       |  |
|   | 6. Name                 | and Address of Currer                               | t Registe         | red Agent                              |               | Nessa                 | 7.                 | . Name                                   | and Address of New R                       |             | 1   | · · · · · · · · · · · · · · · · · · · |  |
| <b>B</b> DE⊜UDII  | וו אַאַמטע ד            | CDA   |                   | ·                                      | •             | Name                  |                    |  |  | -           | Applied For Not Applicable  \$5.00 Additional  Fee Required |                                       |  |
|   | ll, mark e<br>Deral Hwy |   |                   |  |               | Street A              | Address (P.O.      | . Box Nu                                 | mber is Not Acceptable                     | )           |   |                                       |  |
| SUITE 20  |                         |   |                   |  |               |                       |                    |  |  |             |   |                                       |  |
| STUART F  | FL 34994                |   |                   |  |               | City                  |                    |  |  | FL          | Zip Cod   | è                                     |  |
| 8. The above  | named entity            | submits this statement                              | for the pu        | rpose of changing it                   | s register    | ed office o           | or registered a    | agent, o                                 | both, in the State of Flo                  | ;           |   | ·                                     |  |
|   | ,                       |   |                   | F                                      |               |                       | <b>g</b>           |  | ,  |             |   |                                       |  |
| SIGNATURE .   | Signature, typed o      | or printed name of registered ages                  | nt and title if a | pplicable. (NC                         | TE: Registere | d Agent signa         | ture required when | n reinstating                            | ))   | DATE        |   |                                       |  |
|   |                         |   |                   |  |               |                       | A50.00             |  |  |             |   |                                       |  |
|   |                         |   |                   | Make Check P                           |               | FEE IS S<br>o Depart  | •                  | tate                                     |  |             |   |                                       |  |
| 9.  |                         | MANAGING MEM  | BERS/ME           | MBERS                                  | 10.           |                       |                    |  | ADDITIONS,                                 | CHANGES     |   |                                       |  |
| TITLE   |                         | ·   |                   | ☐ Delete                               | TITL          |                       | MERM               | )  |  |             | Change  | Addition                              |  |
| NAME '<br>STREET ADDRESS  | -                       |   |                   |  | NAM<br>STRE   | ET ADDRESS            | Auzuh              | 19AU                                     | ORT WAY                                    |             | **  |                                       |  |
| CITY-ST-ZIP   |                         |   |                   |  | CITY          | -\$T-ZIP              | PALM               |  | FL 34990                                   |             |   |                                       |  |
| TITLE   |                         |   |                   | ☐ Delete                               | TITL          |                       | MGRM               | ) <u>'</u>                               | , , , , , , , , , , , , , , , , , , ,      |             | Change  | Addition                              |  |
| NAME<br>STREET ADDRESS  |                         |   |                   |  | NAM<br>STRE   | E<br>Et address       | 60026              | ALEZ,                                    | MARIO R.<br>LOURT                          |             |   |                                       |  |
| CITY-ST-ZIP   | -                       |   |                   |  |               | -ST-ZIP               |                    |  | fL 33012                                   |             |   |                                       |  |
| TITLE   |                         |   |                   | ☐ Delete                               | TITL          | E                     | MER                | ,  |  |             | Change  | 🔀 Addition                            |  |
| NAME  |                         |   |                   |  | NAM           | _                     | BICKEL,            | JAM                                      | es B.                                      |             |   |                                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                   |                         |   |                   |  |               | ET ADDRESS<br>-ST-ZIP | 13078              | COAST                                    | AL CIRCLE<br>H GARDKAS, FL                 | 33410       |   |                                       |  |
| TITLE :   | <u> </u>                |   |                   | ☐ Delete                               | TITLE         |                       | MER                | UENU                                     | A CHANGE                                   |             | Change '  | Addition                              |  |
| NAME .  |                         |   |                   |  | NAM           | E                     | Rivel              | MAT                                      | THEW M.                                    | _           | -   | F **                                  |  |
| STREET ADDRESS  |                         |   |                   |  |               | ET ADDRESS            | 13096              | ( OBST                                   | AL CIRCLE                                  | 7744        |   |                                       |  |
| CITY-ST-ZIP   |                         |   |                   | —————————————————————————————————————— |               | -ST-ZIP               | PALM               | DEAG                                     | in Gardens, F                              |             | Change  | Addition                              |  |
| TITLE<br>NAME   |                         | :   |                   | ☐ Delete                               | TITLE<br>NAM  |                       |                    |  | 600004                                     | 2116        | 36  |                                       |  |
| STREET ADDRESS  |                         |   |                   |  |               | ET ADDRESS            |                    |  | 600004<br>-05/11                           | /01010      | 711   | 017                                   |  |
| CITY+ST-ZIP   |                         |   |                   |  | CITY          | -ST-ZIP               |                    |  | · · · · · · · · · · · · · · · · · · ·      | 50.00 *     | *寒寒寒;   | 50.00                                 |  |
| TITLE<br>NAME   |                         |   |                   | ☐ Delete                               | TITLE<br>Nami |                       |                    |  |  |             | Change  | Addition                              |  |
| STREET ADDRESS  |                         |   |                   |  |               | et address            |                    |  |  | ÷           |   |                                       |  |
| CITY-ST-ZIP   |                         |   |                   |  | CITY          | -ST-ZIP               |                    |  |  |             |   |                                       |  |
| indicated   | l on this report        | information supplied wit<br>is true and accurate an | d that my         | signature shall have                   | the same      | e legal effe          | ect as if made     | e under d                                | oath: that I am a manac                    |             |   |                                       |  |
| limited lia   | bility company          | y or the receiver or truste                         | e empow           | ered to execute this                   | report as     | required l            | by Chapter 6       | 808, Flori                               | da Statutes.                               | J           |   | <del>-</del>                          |  |
|   | 7                       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1            | 1                 |  | 427.5         | CAP                   | TAL, LL            | ~~                                       | 1  |             |   |                                       |  |