

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010038****1. Entity Name**  
INTERNATIONAL AVIATION CONSULTANTS, LLC

<b>Principal Place of Business</b> 3250 NE 28TH ST., #501  FT. LAUDERDALE FL 33308	<b>Mailing Address</b> 3250 NE 28TH ST., #501  FT. LAUDERDALE FL 33308
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country
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<b>4. FEI Number</b> 65-1039002	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 331390000 US	<b>7. Name and Address of New Registered Agent</b> <table border="1"><tr><td><b>Name</b> LARSON MICHAEL L</td></tr><tr><td><b>Street Address (P.O. Box Number is Not Acceptable)</b> 3250 NE 28TH ST.  501</td></tr><tr><td><b>City</b> FT. LAUDERDALE FL <b>Zip Code</b> 33308</td></tr></table>	<b>Name</b> LARSON MICHAEL L	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3250 NE 28TH ST.  501	<b>City</b> FT. LAUDERDALE FL <b>Zip Code</b> 33308
<b>Name</b> LARSON MICHAEL L				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3250 NE 28TH ST.  501				
<b>City</b> FT. LAUDERDALE FL <b>Zip Code</b> 33308				

**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.**

<b>SIGNATURE</b> MICHAEL LARSON <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>01/15/2001</b> <small>DATE</small>
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>																	
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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 608, Florida Statutes.**

<b>SIGNATURE:</b> Michael Larson	MGRM 01/15/2001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>

Daytime Phone #

CR2E083 (11/00)