2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010958

1. Entity Name

Aerospace Consulting Partnership, LLC

FILED
01 SEP -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
805 RIVERPOINT DRIVE UNIT 303C NAPLES FL 34102	2614 N. TAMIAMI TRAIL PMB 442 NAPLES FL 34103

2. Principal Place of Business		3. Mailing Address	
401 BAYFRONT PLACE		401 BAYFRONT PLACE	
Suite, Apt. #, etc. #3509		Suite, Apt. #, etc. #3509	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34102	Country	Zip 34102	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1036677 ☐ 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
DANIEL J BABCOCK 805 RIVERPOINT DRIVE UNIT 303C NAPLES, FL 34102	Name: DANIEL J BABCOCK Street Address (P.O. Box Number is Not Acceptable): 401 BAYFRONT PLACE #3509 City: NAPLES FL Zip Code 34102

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.

SIGNATURE [signature] Sept 5, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL J BABCOCK 805 RIVERPOINT DRIVE UNIT 303C ~~NAPLES, FL 34102~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL J BABCOCK 401 BAYFRONT PLACE #3509 NAPLES, FL 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004603918--1 -09/21/01--01037--001 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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] Sept 5, 2001 941-777-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #