

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016060

1. Entity Name

NIMBUS AVIATION, L.L.C.

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 901 Ponce de Leon Blvd. Suite 603 Coral Gables, Fl. 33134
Mailing Address: 901 Ponce de Leon Blvd. Suite 603 Coral Gables, Fl. 33134

2. Principal Place of Business

3. Mailing Address

4. FEI Number

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

William H. Albornoz, P. A.
901 Ponce de Leon Blvd. #603
Coral Gables, Fl. 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

DATE: ~~5000004425336~~ 1
-06/18/01--01123--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
Pardo, Luis A. MGR.	901 Ponce de Leon Blvd. #603 Coral Gables, Fl. 33134		
Pardo, Francisco J. MGR.	901 Ponce de Leon Blvd. #603 Coral Gables, Fl. 33134		

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: Luis A. Pardo Luis A. Pardo, MGR. 4-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)