LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State

DOCUMENT # L01000000801				07-16-2002 90370 002 ****50.00	
CENT	URY AERO, LLC		· (i		
	DO NOT WRIT	E IN THIS	SPACE		
Principal Place of Business 3. Mailing Address				976298	
7907 Fairway Lane same		1			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State West Palm Beach		City & State		4. FE! Number Applied For	
Zip 33412	Country	Zip	Country	52-2289925	Not Applicable
33412	A CANADA A SA SA SA ANA ANA ANA ANA ANA ANA ANA	The second of th		5. Certificate of Status Desired	□ \$5.00 Additional Fee Required
			Name	7. Name and Address of Current	Registered Agent
	DO NOT V	VRITE"	Roger	C. Stanton, Esq.	·
e de	IN THIS S		Street Address (Ward,	P.O. Box Number is Not Acceptable Damon & Posner, I	^{e)} .A.
			se. In operation	Beacon@Circle	
			City	•	FL Zip Code
8. The above n	named entity submits this statement	er the purpose of changing	its registered office or registere	Palm Beach ed agent, or both, in the State of Fig	
	146		_	Jan 1	arou.
SIGNATURE	signature, typed or printed name a registered age	nt and little if applicable.	existered tout		DATE
:			FEE IS \$50.00		
		Make Check	Payable to Department of	State	
 			DUE BY MAY 1		
ITLE	MANAGING MEMB Managér/Member	ERS/MANAGERS			200 C C C C C C C C C C C C C C C C C C
AME .	Jerry Gay		NAME		
TREET ADDRESS	1 7907 Fáirway Lane		STREET ADORESS		
ITLE	west Palm Beach,	FL 33412	GITY-ST-ZIP		
AME			TITLE NAME		
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IME			NAME.		
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'LE	· · · · · · · · · · · · · · · · · · ·		CITY ST-ZIP		
ME			TITLE		
REET ADDRESS TY-ST-ZIP		•	STREET ADDRESS		
L hereby certi	ify that the information supplied with	this filing does not a ret	CITY ST-ZIP		A CONTRACTOR OF THE STATE OF TH
indicated on limited liabilit	ify that the information supplied with this report is true and accurate and by company or the receiver or trustee	that my signature shall have	or the exemption stated in Secti e the same legal effect as if mad	on 179.07(3)(i), Florida Statutes. I fu de under oath: that I am a managin	orther certify that the information g member or manager of the
, a mobility	y company or the receiver or trustee	Compowered to execute this	s ι e ροπ as required by Chapter	608, Florida Statutes	J Manager of the
IGNATUI	RE. K.	10		7/10/02 56	51-842-3000
	GNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZED REPRESENTA	ATIVE Date	Daytime Phone #

Arthorized Representative