

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001270

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: STONEWOOD AVIATION, LLC

Current Principal Place of Business:

140 SOUTH ATLANTIC AVE.
SUITE 300
ORMOND BEACH, FL 32176

New Principal Place of Business:

103-B NORTH LAKE DRIVE
SUITE B
ORMOND BEACH, FL 32174

Current Mailing Address:

140 SOUTH ATLANTIC AVE.
SUITE 300
ORMOND BEACH, FL 32176

New Mailing Address:

103-B NORTH LAKE DRIVE
SUITE B
ORMOND BEACH, FL 32174

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, DOUGLAS E
140 SOUTH ATLANTIC AVE.
SUITE 501
ORMOND BEACH, FL 32176

Name and Address of New Registered Agent:

LEMERAND, L. GALE M/D/P
103-B NORTH LAKE DRIVE
ORMOND BEACH, FL 32174

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: L. GALE LEMERAND

03/07/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LEMERAND, L. GALE MGRM
Address: 103-B NORTH LAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Change (X) Addition
Name: JENNY, CHRISTIAN MGR
Address: 103-B NORTH LAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: L. GALE LEMERAND

MGRM

03/07/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date