

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90406 029 ***100.00

DOCUMENT # L01000001883

1. Entity Name

CHOPPER ONE HELICOPTERS, L.L.C.

DO NOT WRITE IN THIS SPACE

067021

2. Principal Place of Business
3200 N.W. 125th Street
Suite, Apt. #, etc.

3. Mailing Address
3200 N.W. 125th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number Applied for

Applied For
Not Applicable

Zip
33167

Country
USA

Zip
33167

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

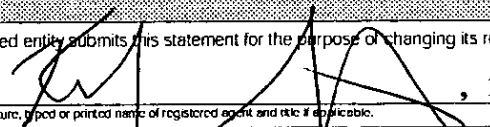
Name ~~Keith H. Stolzenberg, Esq.~~

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave., Ste. 1400

City Miami FL Zip Code 33131

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  , Keith H. Stolzenberg

5/13/02
DATE

FEE IS \$50.00

Make Check Payable to: Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

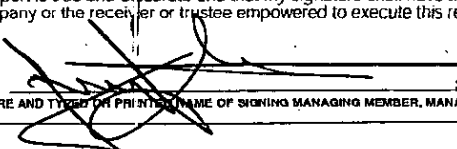
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager HAMERSMITH, HENRY 3200 N.W. 125th Street Miami, Florida 33167
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  , Henry Hamersmith

5/10/02 (305) 687-6457

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #