

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90102 017 ****55.00

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DOCUMENT # L01000002538

1. Entity Name
BATCHELOR RECORDS LLC



Principal Place of Business
**950 S.E. 12TH STREET
HIALEAH FL 33010**

Mailing Address
**POST OFFICE BOX 523223
MIAMI FL 33152**



2. Principal Place of Business
**111 NE 1ST ST
8th Floor**

3. Mailing Address
**111 NE 1ST ST.
8th Floor**

CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami FL

Zip
33132

Country
USA

4. FEI Number **65-1082445**

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BATCHELOR-ROBJOHNS, ANNE
950 S.E. 12TH STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name
ANNE BATCHELOR-ROBJOHNS

Street Address (P.O. Box Number is Not Acceptable)
111 NE 1ST ST., 8th Floor

City
Miami

State
FL

Zip Code
33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **ANNE BATCHELOR-ROBJOHNS** DATE **4-23-03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME AEROSPACE FINANCE CORP	
STREET ADDRESS 950 SE 12 ST	
CITY-ST-ZIP HIALEAH FL 33010	NEW ADDRESS →
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AEROSPACE FINANCE CORP	
STREET ADDRESS 111 NE 1ST ST.	
CITY-ST-ZIP Miami, FL. 33132	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **ANNE BATCHELOR-ROBJOHNS** DATE **4-23-03** DAYTIME PHONE # **315-416-9066**

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

CR2E083 (10/02)