PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

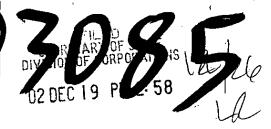


1. DOCUMENT #

L01000003085

Name and Mailing Address

2. New Mailing Address



300009594673 12/19/02--01017--002 **150.00

4. State/Country of Formation



0005871 01 FP 0.352 **PRSRT TB 0 0615 34231-354332 Tulladadalaialleadkailahlakalaliadkadkadl LOGAN JET, LLC 4032 RED ROCK LANE SARASOTA FL 34231-3543

| | | | | | | =L | | - |
|--|--------------------------------------|------------------------------------|--|--------------------|---|---------------------------------------|-------------|--|
| City, State; Zip | | | | | 5. Date Organized or Qualified To Do Business in Florida 02/28/2001 | | | |
| Principal Place of Business 3. New Principal Place of Business | | | ncipal Place of Business Address | | 6. FEI Nur | mber A Q Q | 160 | Applied For |
| 4032 RED ROCK LANE SARASOTA FL 34231 City, Sta | | | · | | 6.5-408960 | | pWU. | Not Applicabl |
| | | City, State, Zip | | | CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requirements for a Certificate of Status | | | |
| | 8. Name and Address of Curr | ent Registered Ag | ent | 70 70.00 | 9. Name a | nd Address of New Re | gistered Ac | jent |
| | | | | Name | - - | · · · · · · · · · · · · · · · · · · · | - VIII- | - |
| HARRELL, DONALD J 1776 RINGLING BLVD. SARASOTA FL 34236 | | | Street Address | | ss (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | | |
| | | | | City | | | FL | Zip Code |
| | | ·· | | | | TARRES AND STREET | | <u> </u> |
| ignature o | | e above named lim | A | , am familiar with | and accept the c | | , | ^ 2 |
| egistered. | Agent | REGISTERED AG | ENT MUST SIGN | | - | Date /2/ | 11/20 | 00 |
| Namo | s and Street Addresses of Each Mana | and the second seconds were the se | | | | | A11877 | A COMPANY OF THE PARTY OF THE P |
| 1 Names | | | | | | | | |
| Title(s) | Name of Managing Members/Managers | | Street Address of Each Managing Member/Mana | | | City / State / Zip | | |
| ngr. | Samuel Logan | amuel Logan | | d Rocki | Lane Sarasol | | a, FL 34231 | |
| | - | | | | | | | |
| | REINSTATI | EMENT | 200 | 2 | | | | |
| | | | | | | | | |
| + | - | ***** | - <u></u> | | | | | |
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| | | | | | | | | |

all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Managing Member/Manager