

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90087 042 \*\*\*\*50.00

**DOCUMENT # L01000005444**

1. Entity Name

**JAEGER AVIATION MANAGEMENT & CONSULTANT, L.L.C.**



Principal Place of Business

5535 NW 15TH AVE.  
HANGAR 68  
FORT LAUDERDALE FL 33309  
US

Mailing Address

5535 NW 15TH AVE.  
HANGAR 68  
FORT LAUDERDALE FL 33309  
US

2. Principal Place of Business

1735 NW 51<sup>ST</sup> PLACE

3. Mailing Address

1735 NW 51<sup>ST</sup> PLACE

Suite, Apt. #, etc.

SUITE 202B Box A-10

Suite, Apt. #, etc.

202B, Box A-10

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

Zip

Country

33309-7126

USA

Zip

Country

33309-7126

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2308791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ.  
201 SOUTH BISCAYNE BLVD.  
34TH FLOOR - MIAMI CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Jorge E. Oyarte

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

J.E. OYARTE & ASSOCIATES  
ACCOUNTING OFFICES  
199 S.W. 12TH AVE., SUITE 11  
MIAMI, FLORIDA 33130

City

FL

Zip Code

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, typed or printed name of registered agent, and title if applicable

(Print - Registered Agent signature required when reinstating)

DATE

2/17/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME JAEGER, JAVIER ☐ Delete  
STREET ADDRESS 5535 NW 15TH AVE., HANGAR 68  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME ZUMILMA JAEGER  
STREET ADDRESS 1735 NW 51<sup>ST</sup> ST/PL Ste 202  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309 B

TITLE MGRM ☒ Change ☐ Addition  
NAME JAEGER JAVIER  
STREET ADDRESS 1735 NW 51<sup>ST</sup> ST/PL Ste 202-B  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/17/03

CR2E083 (10/02)