2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016343

1. Entity Name
UPSON AVIATION II, LLC



FILED

Apr 16, 2004 08:00 AM

Secretary of State

Principal Place of Business

Mailing Address

1439 SOUTH POMPANO PARKWAY POMPANO BEACH, FL 33069 US 1439 SOUTH POMPANO PARKWAY POMPANO BEACH, FL 33069 US



DO NOT WRITE IN THIS SPACE

04092004No Chg-LLC CR2E

CR2E083 (10/03)

4. FEI Number 65-1140391 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

JAMES ROGER, UPCHURCH JR. 1439 SOUTH POMPANO PARKWAY POMPANO BEACH, FL 33069

SIGNATURE:

MONATURE OF THE

DO NOT WRITE IN THIS SPACE

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 Sonative, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent		OTE Registered Agent agreature required when relastating) OATE
Filing Fee is \$50.00 Sue by May 1, 2004		U00000116330 04/16/04-80060-010 50.00
9.	MANAGING MEMBERS/MANAGERS	and the state of the contract the state of the contract the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES ROGER, UPCHURCH JR. 1439 SOUTH POMPANO PARKWAY POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERIC, PETERSON A 1550 SOUTHERN BOULEVARD, STE. 300 WEST PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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.		

IN PRINTED HAME OF SIGNING MANAGING HENBER, OR AUTHORIZED REPRESENTATIVE