1/

FILED Mar 29, 2002 8:00 am

Daytime Phone #

22 UNIFORM BUSINESS REPORT (UBR)

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

Secretary of State ØCUMENT # L01000020013 01-24-2002 90114 002 ****50.00 BOSTON LANDMARK AVIATION, LLC Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE Suite 601 SUITE 601 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 601 **CORAL GABLES FL 33134** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9 Change Addition TIRE TITLE Delete MGRM -NAME NAME Martin Atkins STREET ADDRESS STREET ADDRESS 12575 US Hwy. 1 #201 CITY-ST-ZIP CITY-ST-ZIP Juno Reach, FL 33408 TITLE ☐ Change **⊠** Addition ☐ Celete TITLE NAME NAME Landmark Aviation, LLC STREET ADDRESS STREET ADDRESS 201 Alhambra Circle #601 CITY - ST- 7IP CITY-ST-ZIP Coral Gables, FL 33134 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 11. I hereby certify that the information supplied with this filing does e shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and that mainted liability company or the receiver or trustee employer. Ronald R. Fieldstone Menberyoff Landmark 1/9/02 305-357-1001