

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 18 AM 10:33

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # L02000000290					
1. Entity Name AIRPLANE INVESTMENTS, LLC					
Principal Place of Business 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			Mailing Address 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204		
2. Principal Place of Business 840 Edgewood Ave. South		3. Mailing Address 1650-302 Margaret Street			
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc. PMB 382			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32205	Country USA	Zip 32204-3869	Country USA	4. FEI Number 80-0019166	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, CLARENCE F 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Clarence F. Frazier Street Address (P.O. Box Number is Not Acceptable) 840 Edgewood Avenue, South Suite 220 City Jacksonville FL Zip Code 32205		
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		Clarence F. Frazier, Registered Agent 4/6/04			
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUTER, MAX M 2512 PLAINFIELD AVENUE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600037654606 06/04/04--01032--014 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Max Suter, Manager 4/6/04 (904) 614-1717			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	