

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90043 014 \*\*\*\*50.00

**DOCUMENT # L02000014769**

1. Entity Name

**POWERSPARES AERO, LLC**



Principal Place of Business

**ONE SOUTH OCEAN BLVD., STE. 324  
BOCA RATON FL 33432**

Mailing Address

**ONE SOUTH OCEAN BLVD., STE. 324  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**46-0487849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOTOS, MICHAEL E P.A.  
C/O EDWARDS & ANGELL, LLP  
ONE CLEMATIS STREET, STE 400  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **AGARDY, BRUCE D**  
STREET ADDRESS **ONE S OCEAN BLVD., STE 324**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete  
NAME **ELLIOTT, MICHAEL J**  
STREET ADDRESS **ONE S OCEAN BLVD., STE 324**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete  
NAME **GREEN, LOUIS W IV**  
STREET ADDRESS **ONE S OCEAN BLVD., STE 324**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete  
NAME **LASPINA, JAMES P**  
STREET ADDRESS **ONE S OCEAN BLVD., STE 324**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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 #