

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90001 013 ****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: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



CHECK HERE IF MAKING CHANGES

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: **ALBANBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent: **Name: Michael E. Botos, P.A. Street Address: c/o Edwards & Angell, LLP One North Clematis Street, Suite 400 City: West Palm Beach FL Zip Code: 33401**

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]* **MICHAEL E. BOTOS, P.A.** DATE: **3/17/03**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: Manager NAME: Bruce D. Agardy STREET ADDRESS: One S. Ocean Blvd., Suite 324 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Member NAME: Michael J. Elliott STREET ADDRESS: One S. Ocean Blvd., Suite 324 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Member NAME: Louis W. Green, IV STREET ADDRESS: One S. Ocean Blvd., Suite 324 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Member NAME: James P. LaSpina STREET ADDRESS: One S. Ocean Blvd., Suite 324 CITY-ST-ZIP: Boca Raton, FL 33432	<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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)