

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 (P.O. Box Number is Not Acceptable)  
**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

**MICHAEL E. BOTOS, P.A.**

**3/17/03**

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager**  
**Bruce D. Agardy** ☐ Delete  
**One S. Ocean Blvd., Suite 324**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member** ☐ Delete  
**Michael J. Elliott**  
**One S. Ocean Blvd., Suite 324**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member** ☐ Delete  
**Louis W. Green, IV**  
**One S. Ocean Blvd., Suite 324**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member** ☐ Delete  
**James P. LaSpina**  
**One S. Ocean Blvd., Suite 324**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 REQUIRED**

**3/17/03**

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

Date

Daytime Phone #

CR2E083 (10/02)