

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

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90753 004 ****50.00

DOCUMENT # L02000014891



1. Entity Name

CASEY AIR LLC

Principal Place of Business

3399 PGA BOULEVARD, SUITE 450
PALM BEACH GARDENS FL 33410

Mailing Address

3399 PGA BOULEVARD, SUITE 450
PALM BEACH GARDENS FL 33410

44001601



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, KEITH L
3399 PGA BOULEVARD, SUITE 450
PALM BEACH GARDENS FL 33410

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: **SOLE MEMBER** Delete
NAME: **KEITH L. CUMMINGS**
STREET ADDRESS: **3399 PGA BLVD, SUITE 450**
CITY-ST-ZIP: **PALM BEACH GARDENS, FL 33410**

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition

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CITY-ST-ZIP: Change Addition

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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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KEITH L. CUMMINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03

Date

561-630-6110

Daytime Phone #

CR2E083 (10/02)