


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

<b>DOCUMENT #</b> <u>Lo20000 75954</u> <b>1. Entity Name</b> <u>Avocet AIRCRAFT, LLC</u>	
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**FILED**

03 MAY -9 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>200 S. Biscayne Blvd</u> Suite, Apt. #, etc. <u>c/o Richard Bernstein, 41<sup>st</sup> Floor</u> City & State <u>MIAMI, FL</u> Zip <u>33131</u>	<b>3. Mailing Address</b> <u>2109 Broadway</u> Suite, Apt. #, etc. <u>1740</u> City & State <u>New York, NY</u> Zip <u>NY 10023</u>
Country <u>USA</u>	Country <u>USA</u>

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<p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p>	<b>4. FEI Number</b> <u>02-064-4773</u>
	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <b>7. Name and Address of Current Registered Agent</b> Name <u>Peninsula Registered Agents, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 S. Biscayne Blvd, Suite 4000</u> City <u>Miami</u>
	State <u>FL</u> Zip Code <u>33131</u>

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1-**

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
	<u>Chairman</u>		
	<u>Carey Wolchok</u>		
STREET ADDRESS	<u>2109 Broadway, #1740</u>	STREET ADDRESS	<u>800018671288</u>
CITY-ST-ZIP	<u>NY, NY 10023</u>	CITY-ST-ZIP	<u>05/09/03--01041--004 **50.00</u>
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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 #

Ap. 1 29, 2003 917 774 1227

CR2E083B (12/02)