


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90294 047 \*\*\*\*50.00

<b>DOCUMENT # L02000028615</b>	
1. Entity Name <b>AERO COURT, L.L.C.</b>	

Principal Place of Business <b>195 SW 15TH ROAD, STE. 502 MIAMI FL 33129</b>	Mailing Address <b>195 SW 15TH ROAD, STE. 502 MIAMI FL 33129</b>
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2. Principal Place of Business <b>19390 COLLINS AVE</b>	3. Mailing Address <b>19390 COLLINS AVE</b>
Suite, Apt. #, etc. <b>501</b>	Suite, Apt. #, etc. <b>501</b>
City & State <b>SUNNY ISLES BEACH, FL</b>	City & State <b>SUNNY ISLES BEACH, FL</b>
Zip <b>33160</b>	Zip <b>33160</b>
Country <b>MIAMI-DADE</b>	Country <b>MIAMI-DADE</b>

**24017804**



MOORE CR2E083 (11/03)

4. FEI Number <b>81-0577263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>RAUZIN, ALAN H 195 SW 15TH ROAD, STE. 502 MIAMI FL 33129</b>	7. Name and Address of New Registered Agent Name <b>JANICE RAUZIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>19390 COLLINS AVE #501</b> City <b>SUNNY ISLES BEACH</b> FL Zip Code <b>33160</b>
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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 *JANICE RAUZIN* **JANICE RAUZIN** **3/4/04**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUZIN, JANICE I 19940 COLLINS AVE #501 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19390 COLLINS AVE #501</b> <b>SUNNY ISLES BEACH, FL 33160</b>
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
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
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: *JANICE RAUZIN* **JANICE RAUZIN** **3/4/04** **305-933-6773**

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