


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 024 ****50.00

DOCUMENT # L02000028615		
1. Entity Name AERO COURT, L.L.C.		

Principal Place of Business 19390 COLLINS AVE #501 NORTH MIAMI BEACH, FL 33160	Mailing Address 19390 COLLINS AVE #501 NORTH MIAMI BEACH, FL 33160
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2. Principal Place of Business 9100 W. BAY HARBOR DR Suite, Apt. #, etc. 6D EAST	3. Mailing Address 9100 W BAY HARBOR DR Suite, Apt. #, etc. 6D EAST
City & State BAY HARBOR ISLANDS	City & State BAY HARBOR ISLANDS
Zip 33154	Country USA



04142005 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent RAUZIN, JANICE 19390 COLLINS AVE #501 NORTH MIAMI BEACH, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9100 W. BAY HARBOR DR. 6D EAST City BAY HARBOR ISLANDS FL Zip Code 33154
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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 Razin JANICE RAUZIN 4/16/05
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUZIN, JANICE I 19390 COLLINS AVE #501 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9100 W. BAY HARBOR DR, 6D EAST BAY HARBOR ISLANDS, FL 33154 <input checked="" 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
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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 Razin JANICE RAUZIN 4/16/05 305-866-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #