

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034049					
1. Entity Name AIRCRAFT HOLDINGS, LLC					
Principal Place of Business 7315 HUDSON AVE. HUDSON, FL 34667		Mailing Address 7315 HUDSON AVE. HUDSON, FL 34667			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2191215	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 2701 N. ROCKY POINT DR., STE. 930 TAMPA, FL 33607				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 _____ (NOTE: Registered Agent Signature required when submitting.) DATE _____					
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
	IMGR	BONATI, ALFRED O	7315 HUDSON AVE. HUDSON, FL 34667	Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				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 606, Florida Statutes.					
SIGNATURE: _____ MGR. 4-16-03 (727) 868-9563					
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Phone #					

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☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)