

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

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-14-2003 90067 017 \*\*\*\*50.00

DOCUMENT # L02000034719

1. Entity Name

PANHANDLE AEROSPACES L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5855 STEWART ST

Suite, Apt. #, etc.

3. Mailing Address

5855 STEWART ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MILTON FL

City & State

MILTON, FL

4. FEI Number

45-0502323

Applied For

Not Applicable

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES M. HOPMEIER

Street Address (P.O. Box Number is Not Acceptable)

5855 STEWART ST.

City

MILTON

FL

Zip Code

32570

**DO NOT WRITE  
IN THIS SPACE**

B. 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]*

JAMES M. HOPMEIER

2/11/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	JAMES M. HOPMEIER
NAME	JAMES M. HOPMEIER
STREET ADDRESS	5855 STEWART ST.
CITY - ST - ZIP	MILTON, FL 32570
TITLE	JOHNNY L. BAGGETT
NAME	JOHNNY L. BAGGETT
STREET ADDRESS	6663 PINE BLOSSOM RD
CITY - ST - ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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]*

JAMES M. HOPMEIER

2/11/03

(850)623-0609

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

Date

Daytime Phone #

CR2E083B (12/02)