2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L98000002039

1. Entity Name
LBK KING AIR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 30 PM 1:29

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8191 N. TAMIAMI TRAIL SARASOTA FL 34243	8191 N. TAMIAMI TRAIL SARASOTA FL 34243-2052

2. Principal Place of Business	3. Mailing Address
1247 Mandalay Pt. Rd.	1247 Mandalay Pt. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34242 Country:	Zip: 34242 Country:

4. FEI Number: 65-0887329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGER, DAVID W 8191 N. TAMIAMI TRAIL SARASOTA FL 34243	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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FAMIGLIO, MARK P 1247 MANDALAY PT. RD. SARASOTA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003269739--4 -05/30/00--01016--012 *****50.00 *****50.00
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CR2E083 (9/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #