

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000002458

FILED  
May 02, 2002 8:00 AM  
Secretary of State

Entity Name: HEMISPHERE AVIATION, LLC

**Current Principal Place of Business:**

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.  
999 BRICKELL AVENUE, SUITE 650  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.  
999 BRICKELL AVENUE, SUITE 650  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0872843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, WILLIAM D.  
999 BRICKELL AVENUE, SUITE 650  
MIAMI, FL 33131      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: SPRINKLE, JAMES  
Address: 999 BRICKELL AVENUE, SUITE 650  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES E. SPRINKLE      MGRM      05/02/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date