

2001 UNIFORM BUSINESS REPORT (UBR)

0032747 SP

DOCUMENT # L99000001957

1. Entity Name **FLANZER AVIATION LLC**

FILED

01 FEB -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 415 L'AMBIANCE, LONGBOAT KEY FL 34228

Mailing Address: 415 L'AMBIANCE, LONGBOAT KEY FL 34228

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: c/o ERIC Kaplan, Alpine Resources, Suite, Apt. #, etc. 1285 Ave of the Americas 21st FL, New York, N.Y. Zip 10019, Country U.S.A.

4. FEI Number: 13-4047727

5. Certificate of Status Desired: \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: TRAWICK, HENRY P JR., 2033 WOOD STREET, SUITE 218, SARASOTA FL 34237

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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

600003677846--6
-02/13/01--01109--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANZER, LOUIS 415 L'AMBIANCE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANZER, GLORIA 415 L'AMBIANCE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)