

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90102 020 ****55.00

DOCUMENT # L99000004430

1. Entity Name

AEROSPACE FINANCE LLC



Principal Place of Business

**950 S.E. 12TH STREET
HIALEAH FL 33010**

Mailing Address

**P.O. BOX 525223
MIAMI FL 33152**

2. Principal Place of Business

111 NE 1ST ST.

3. Mailing Address

111 NE 1ST ST.

Suite, Apt. #, etc.

8TH FL.

Suite, Apt. #, etc.

8TH FL.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0934942

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired

☒ **\$5.00**

Additional Fee Required

6. Name and Address of Current Registered Agent

ANNE BATCHELOR ROBJOHN
950 S.E. 12 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name
ANNE BATCHELOR ROBJOHN

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

111 NE 1ST ST, 8TH FLOOR

City
MIAMI, FLORIDA

FL

Zip Code
33132

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 **ANNE BATCHELOR ROBJOHN**
Signature, typed or printed name of registered agent and title if applicable.

ANNE BATCHELOR ROBJOHN
(NOTE: Registered Agent signature required when reinstating)

4-23-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AEROSPACE FINANCE CORP.
950 SE 12 STREET
HIALEAH FL 33010
☐ Delete
new ADDRESS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AEROSPACE FINANCE CORP.
111 NE 1ST ST,
MIAMI, FL. 33132
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 **ANNE BATCHELOR ROBJOHN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-03 305 416-9066
Date Daytime Phone #

CR2E083 (10/02)