

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004666

1. Entity Name

AMELIA ISLAND AVIATION, L.L.C

Principal Place of Business 22 Oak Point Drive
Amelia Island, FL 32034

Mailing Address 22 Oak Point Drive
Amelia Island, FL 32034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number *applied for*

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lawrence V. Ansbacher
4215 Southpoint Boulevard, Suite 100
Jacksonville, FL 32216

7. Name and Address of New Registered Agent

Name: Lawrence V. Ansbacher
Street Address (P.O. Box Number is Not Acceptable): 3150 Belfort Road
Building 100
City: Jacksonville FL Zip Code: 32256

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) **DATE**

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

9. MANAGING MEMBERS / MEMBERS

TITLE	MGMR	<input type="checkbox"/> Delete
NAME	Langston, W. Leon	
STREET ADDRESS	22 Oak Point Drive	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	MGMR	<input type="checkbox"/> Delete
NAME	Kuester, Kenneth	
STREET ADDRESS	1602 Heritage Estates Trace	
CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700003279047--2	
CITY-ST-ZIP	-06/06/00--01109--005	
	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* (W. Leon Langston - President) **DATE** **Daytime Phone #**