

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90105 046 *****55.00

DOCUMENT # L99000007666

1. Entity Name

BBC AIRCRAFT, LLC



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

111 NE 1ST ST

Suite, Apt. #, etc.

8TH FLOOR

3. Mailing Address

111 NE 1ST ST

Suite, Apt. #, etc.

8TH FLOOR

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0963057

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**A. BATCHELOR RORJOHNS/AEROSPACE
950 SE 12 CT
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **Anne BATCHELOR-RORJOHNS**

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

111 NE 1ST ST, 8TH FLOOR

City **Miami**

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-Rorjohns

ANNE BATCHELOR-RORJOHNS

4-23-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 | MGR | <input type="checkbox"/> Delete |
| NAME | AEROSPACE FINANCE CORP. | |
| STREET ADDRESS | 950 SE 12 ST. | |
| CITY-ST-ZIP | HIALEAH FL 33010 | new ADDRESS |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--------------------------------|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AEROSPACE Finance Corp. | |
| STREET ADDRESS | 111 NE 1ST ST. | |
| CITY-ST-ZIP | Miami, FL. 33132 | |
| 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 | | |
| 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.

SECRETARIAL - AEROSPACE FINANCE CORP.

SIGNATURE

Anne Batchelor-Rorjohns

ANNE BATCHELOR-RORJOHNS

4-23-03, 305-416-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0052831