* 1 * 130

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001819

1. Entity Name

BOULDER AVIATION, LLC



Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90019 031 ****50.00

FILED

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Required \$5.00 Additional Fee Required \$6. Name and Address of Current Registered Agent \$7. Name and Address of New Registered Agent \$7. Nam				A CO WE						
2. Principal Place of Business	11705 AIRPORT WAY SUITE 300		Mailing Address	11705 AIRPORT WAY SUITE 300						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country St. Certificate of Status Desired S\$.00 Auditional Fee Required Agent S\$.00 Auditional Fee Requir										
City & State	2. Principal	Place of Business	3. Mailing Address							
City & State			Cuito Ant H nto	Cuite And Hada						
Zip Country Zip Country 5, Certificate of Status Desired \$5.00 Additional Country 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 100 SOUTH ASHLEY DRIVE SUITE 1770 TAMPA FL 33602 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 accidence to deplete the obligations of registered agent and the liapplicable. (NOTE Registered Agent signature majurad when remaining) SIGNATURE Signature Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
Country Zip Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & State		City & State	City & State		58-263127	74		pplied For]
BRETT-HENDEE, P.A: 100 SOUTH ASHLEY DRIVE SUITE 1770 TAMPA FL 33602 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 act the obligations of registered agent are life if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Ad TITLE Ch	Zip Country		Zip	Country	5. Certificate	of Status Desired		\$5.00 A	iditional	1
BRETT-HENDEE, P.A: 100 SOUTH ASHLEY DRIVE SUITE 1770 TAMPA FL 33602 City FL Zip Code ACTION Code City FL Zip Code ACTION Code City FL Zip Code ACTION Code City FL Zip Code City FL Zip Code ACTION Code City FL Zip Code City FL Zip Code ACTION Code City FL Zip Code ACTION Cod		6. Name and Address of Curi	rent Registered Agent		7. Name and	Address of New I				1
SUTTE 1770 TAMPA FL 33602 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent and title if applicable. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME ZG CONSULTING, INC. 6200 COURTNEY CAMPBEL CAUSEWAY, SUITE 740 TITLE NAME CONSULTING SC CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	POPET LIPAINCE & Assessment &			Name						_
TAMPA FL 33602 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and the if applicable. (NOTE: Registered Agent algorature requised when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS ITITE MGR GCONSULTING, INC. STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP TITE N	100	SOUTH ASHLEY DRIVE		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
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 accepted the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
THE obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS ITITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	7.4111 7.112 00002			City			FL	Zip Co	de	1
SIGNATURE Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			ent for the purpose of changing its	registered office or re	egistered agent, or bot	h, in the State of Fl	orida. I am fa	amiliar with	, and accept	1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ZG CONSULTING, INC. 6200 COURTNEY CAMPBEL CAUSEWAY, SUITE 740 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change Ad NAME STREET ADDRESS CITY-ST-ZIP TITLE C C Change Ad NAME STREET ADDRESS CITY-ST-ZIP TITLE C C CARBERT C C C CARBERT C C C CARBERT C C C C C C C C C C C C C C C C C C C	the obliga	ations of registered agent.								
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)		DATE			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGR ZG CONSULTING, INC. STREET ADDRESS 6200 COURTNEY CAMPBEL CAUSEWAY, SUITE 740 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			FILE N	OW!!! FEE IS \$5	0.00					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Change Ad Ad Ad Ad Ad Change Ad		•		•	rtment of State					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	9.	MANAGING ME		<u>.</u>		ADDITIONS	/CHANGES			1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE Change Ad Ad AD AD Change Ad			☐ Delete					☐ Change	Addition	S
CITY-ST-ZIP	_		CALICEMAN CUITE 740							F083 /10/02
TITLE Delete TITLE Change Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP TITLE Change Ad NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP		DEGO COCHTILE CAMILOCE	. CAUSEWAT, SUITE 140							E S
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE	TITLE		☐ Delete	TITLE				☐ Change	Addition	18
CITY-ST-ZIP CITY-ST-ZIP TITLE			-							-
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Add Change Add										ŀ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Add Change Add	TITLE			TITLE				Change	☐ Addition	1
CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Add	NAME			1						
										ļ
NAME NAME	TITLE		☐ Delete	TITLE				☐ Change	Addition	1
CYPICE ADDRESS										
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS									1
TITLE Delete TITLE Change Add	CITY-ST-ZIP			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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REMORFO

☐ Delete

2/18/03

813.287.633

Addition

☐ Change