2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

James Confaunce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING REMORR, MANAGER, OR AUTHORIZED REPRESENTAT

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # M99000001578 1: Entity Name 04-26-2004 90057 017 ****50.00 SEAPLANE LEASING I, LLC Principal Place of Business Mailing Address 3420 BIRD AVENUE COCONUT GROVE FL 33133 3420 BIRD AVENUE COCONUT GROVE FL 33133 **POTCODE~** 2. Principal Place of Business 3. Mailing Address 3500 B12) <u>35∞</u> AVENUE Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 02-9308068 IANI Not Applicable Country ')SC \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Confisione CONFALONE, JAMES 3420-BIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) COCONUT GROVE FL 33133 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 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, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME CONFALONE, JAMES James Confaione NAME 3420 BIRD AVE. STREET ADDRESS STREET ADDRESS 3500 BILL) AVENJE COCNUT GROVE FL 33133 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 it 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.

FILED