

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001580

1. Entity Name
SEAPLANE LEASING III, LLC

Principal Place of Business
3420 BIRD AVENUE
COCONUT GROVE FL 33133

Mailing Address
3420 BIRD AVENUE
COCONUT GROVE FL 33133-4301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
029308068

APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUFALONE, JAMES
3420 BIRD AVENUE
COCONUT GROVE FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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

10. ADDITIONS / CHANGES

TITLE NAME: JAMES COUFALONE MGRN Delete
STREET ADDRESS: 3420 BIRD AVENUE
CITY-ST-ZIP: COCONUT GROVE, FL 33133

TITLE NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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TITLE NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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: *James Coufalone* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/15/2000 305-442-7377
Date Daytime Phone #

CR2E083 (9/99)