APPRUYEU

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001581 1. Entity Name					00 JUN -2 AM 10: 33			
SEAPLANE LEASING IV, LLC				•	OU JUN A CTATE			
						SECRETARY OF TALLAHASSEE,	FLORIDA	
Principal Place of Business 3420 BIRD AVENUE COCONUT GROVE FL 33133 Mailing Address 3420 BIRD AVENUE COCONUT GROVE FL 33133			199.4901					
COCONUT GH	10VE FL 33133	. COCONGI GROVE FL 33	1334301		 	IN FORIO CENTE NOCE ON THE ORIGINAL	1 8818) (1880) Alar i (1	PIRI 21 21 1 33 1
2. Principal Place of Business		3. Mailing Address						
Cuite Art # ato		Suite Ant # etc			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & Stat	te	City & State		4. FEI Number O2 9308068 APPLIED FOR Applied For Not Applicable				
Zip Country		Zip Cour		itry	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and A	ddress of New Registered	I Agent	
CONFALONE, JAMES					Address (P.O. Box Number is Not Acceptable)			
3420 BIRD AVENUE				Siteet Address (1.0. Box (difficer is not Acceptable)				
COCONUT GROVE FL 33133				City			Zip Code	
						F	2.0000	
8. The above	e named entity submits this statement	for the purpose of changing its	s registeri	ea office or registe	erea agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registere	d Agent signature require	d when reinstating)	DATE		
		FILE N	OWILL	FEE IS \$50.00				
	÷	Make Check Pa		•	of State			
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS/CHANGI		
TITLE NAME	JAMES CONFALONS MGRY Delete		TITL		-TO		Change	Addition
STREET ADDRESS	3420 BIRD AVE.		STRI	EET ADDRESS	-06/15/0001155012			U12
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11. I hereby certify that the information supplied with this filling 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 PLANTED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

4/1.5/2000 442-7377
Date Daytime Phone #

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