2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

SEAPLANE LEASING V, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA SHOPPINCIPIAL Place of Business 340 BIRD AVENUE COCONUT GROVE FL 33133 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zp Country Zp Country Specificate of Status Desired CONFALONE, JAMES 3420 BIRD AKENUE COCONUT GROVE FL 33133 City FLE Ni Will FEE IS Specificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Reference of Status Desired Street Address (P.O. Box Number is Not Acceptable) ADDITIONS/CHANGES SICINATURE Specificate of Institute State of Florida. SICINATURE Specificate of States ADDITIONS/CHANGES TITLE NI Will FEE IS SO.00 Make Check Problet to Department of State Institutions State CONFALONE, JAMES 3420 BIRD AVE. CONFALONE, JAMES	DOCUMENT # M9900001582 1. Entity Name SEAPLANE LEASING V, LLC						OI APR 30 PM 6: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3420 BIRD AVENUE COCONUT GROVE FL 33133 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 5. Name and Address of Current Registered Agent Name CONFALONE, JAMES 3420 BIRD AVENUE COCONUT GROVE FL 33133 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code C										
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Signature typed or prohete name of registered agent and some services and some services agent and some services agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable)	City & State		City & State			4. FEI I	Number 02-9308068	├ ————————————————————————————————————	pplied For	
CONFALONE, JAMES Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ntry	5. Cert		\$5.00 Add	ditional	
CONFALONE, JAMES 3420 BIRD AVENUE COCONUT GROVE FL 33133 City FL Zip Code 6. 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 Signature, typed or printed harve of registered agent and title if applicable. (NOT) Registered Agent signature required where ministating) DATE FILE N		6. Name and Address of Curre	ent Registered Agent			7. Nam	e and Address of New Register	•		
3420 BIRD AVENUE COCONUT GROVE FL 33133 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, types or printed name of registered agent and lifter if applicable (NOT) Make Check Pa able to Department of State FILE IN WILL FEE IS \$50.00 Make Check Pa able to Department of State STREET ADDRESS OUTY-ST-ZIP TITLE MARIE MANAGING MEMBERS / MEMBERS TITLE MARIE MANAGING MEMBERS / MEMBERS TITLE MANAGING MEMBERS / MEMBERS / MEMBERS TITLE MANAGING MEMBERS / MEMBERS / MEMBERS / MEMBERS TITLE MANAGING MEMBERS / MEMBERS / MEMBERS / MEMBERS / MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MANAGING MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS / MANAGING MEMBERS / MEMBERS / MEMBERS / MANAGING MEMBERS / MANAG				1	Name		-			
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 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent Signature required when reintataing) DATE					Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating OATE					City Zip Code					
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	NAME STREET ADDRESS CHY-ST-ZIP	certify that the information supplied w	vith this filling does not qualify for	TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP	s Section 119.	07(3)(i), Florida Statutes. I further	certify that the in	Addition	

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