

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90057 015 \*\*\*\*50.00

**DOCUMENT # M99000001582**

1. Entity Name

SEAPLANE LEASING V, LLC



Principal Place of Business

3420 BIRD AVENUE  
COCONUT GROVE FL 33133

Mailing Address

3420 BIRD AVENUE  
COCONUT GROVE FL 33133

2. Principal Place of Business

3500 Bird Avenue  
Suite, Apt. #, etc.

3. Mailing Address

3500 Bird Avenue  
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

02-9308068

Applied For

Not Applicable

Zip

33133

Country

US

Zip

33133

Country

US

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONFALONE, JAMES  
3420 BIRD AVENUE  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

James Confalone

Street Address (P.O. Box Number is Not Acceptable)

3500 Bird Avenue

City

Miami

FL

Zip Code

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

TITLE MGRM ☐ Delete  
NAME CONFALONE, JAMES  
STREET ADDRESS 3420 BIRD AVE.  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME James Confalone  
STREET ADDRESS 3500 Bird Avenue  
CITY-ST-ZIP Miami FL 33133

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:** James Confalone *James Confalone* 4/20/04 (305) 442-7377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #