

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-26-2004 90057 019 ****50.00

DOCUMENT# M99000001583

1. Entity Name

SEAPLANE LEASING VI, 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)

4. FEI Number

02-9308068

Applied For

Not Applicable

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
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STREET ADDRESS:
CITY-ST-ZIP:

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

10. ADDITIONS/CHANGES

TITLE: James Confalone ☒ Change ☐ Addition
NAME:
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:

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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* 04/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(305) 442-7377