



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 JUN -7 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005298 1. Entity Name BAHIA HONDA AVIATION, L.L.C.	
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Principal Place of Business % 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	Mailing Address % 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01222004	Chg-LLC	CR2E083 (10/03)
4. FEI Number	75-3099505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	7. Name and Address of New Registered Agent Name: A&A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Avenue Suite 221 City: MIAMI FL Zip Code: 33175
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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: Gretel Rodriguez, President 4/7/04 DATE

(NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHIA HONDA AVIATION, INC.	NAME	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 228	STREET ADDRESS	000037839580
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	06/10/04--01008--036 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE