


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG -8 AM 9:38

**DOCUMENT # L03000009779**


1. Entity Name  
PRIVATE OCALA AVIATION, LLC



Principal Place of Business 35 S.W. 57TH AVENUE OCALA, FL 34474	Mailing Address 35 S.W. 57TH AVENUE OCALA, FL 34474
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**DO NOT WRITE IN THIS SPACE**

*eps*



07272005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 36-4527669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, MICHAEL E  
230 N.E. 25TH AVENUE  
OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARELLANO, JORGE 35 S.W. 57TH AVENUE OCALA, FL 34474
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08/12/05--01038--015 \*\*50.00

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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:** *Jorge Arellano*      Date: *July 27 2005*      Daytime Phone #: *352-251-0600*

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